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The following exceptionalities are described: emotional disturbance, social maladjustment, mental retardation, learning disabilities, bilingualism, physical handicaps, visual impairment, disadvantagement, and giftedness. For each exceptionality, a bibliography is given and teaching methods are suggested; further information is included for some exceptionalities. Sources of materials and Arizona agencies and referral services for the handicapped child are listed; professional expressions and terminology are defined; bibliographies are included of general materials, films, and periodicals. In addition, information is provided on the workshop itself. (JD)

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WORKSHOP IN THE EDUCATION
OF THE
EXCEPTIONAL CHILD
SP 594

"May He who has chosen to
limit some of His children
be merciful enough to guide
the hands of us entrusted
with their care."

Arizona State
University

Tempe, Arizona

Summer, 1969

Instructors:
Dr. William F. Hall

Dr. John Nelson

Mr. David Sieswerda

FOREWORD

Our MISSION: POSSIBLE, is education for ALL children. Each child deserves the chance to reach his full capacity, and this includes the "exceptional" child. Our mission can best be executed in three phases.

PHASE I: IDENTIFICATION OF THE EXCEPTIONAL CHILD
Any child who deviates from the norm Physically, Emotionally, Mentally, and/or Socially may be considered "exceptional." This child needs special education, and the special understanding related to his problem. This book may help you to identify the exceptional child and understand his needs.

PHASE II: IDENTIFICATION OF A "SPECIAL PROGRAM"
Each child will need a modified program to suit his needs and interests. The material presented in this book has been collected and prepared by your fellow-workers to help you complete this phase. Remember: A program is no better than the teacher.

PHASE III: IDENTIFICATION OF RESOURCES
Some children may need more than you, as a teacher, can provide. Some problems require more than recognition, understanding, and a good program. It is hoped that the special community facilities listed in this book, will provide the support you need to make every mission a success.

Your mission, is to recognize and accept the "exceptional" child; to plan a program and, to the best of your ability, help him to reach his maximum possible development and self-sufficiency.

DO YOU ACCEPT MISSION: POSSIBLE FOR YOUR MISSION?

DEDICATION

MISSION: POSSIBLE 1969 is dedicated to the three men who have made its publication a reality, and given to all of us the knowledge and the inspiration to make our mission in "Special Education" a success:

Dr. William Hall	(L)
Mr. David Sieswerda	(R)
Dr. John Nelson	(C)

We wish to express the groups' appreciation for the high quality of personal experience provided within the workshop. It truly exemplifies progressive education. The combined efforts of these men have given us practical and theoretical knowledge to implement our MISSION: POSSIBLE.

Dr. William Hall
Director --
Child Study Services
Phoenix Elementary
School District #1

Mr. David Sieswerda
Director --
Instructional Resources
Scottsdale Public Schools

Dr. John Nelson
Assistant Professor
Special Education
Arizona State University

"VIRTUE IS ITS OWN REWARD"

This old axiom was more than ever before put to the test in the 1969 Workshop. For the first time grading was on a pass - fail basis and this potential motivation killer was coupled with the largest enrollment in workshop history, one hundred and sixteen souls.

From our view point, nearly everyone rose to the challenge. Good humor in the face of congestion . . . some very creative efforts . . . some intense individual study . . . assumption of varied and trying responsibilities, these were some of the virtues we saw. We hope the promise of the cliche is fulfilled for each of you.

Bill Hall
Dave Sieswerda
John Nelson

ACKNOWLEDGEMENTS

The Workshop wishes to express it's thanks to all of you who worked to help make this publication possible. We especially appreciate the efforts of the committee chairmen who worked so diligently in planning and coordinating the efforts of their group.

We've come together as a body of 115 experienced teachers to gain more information about exceptional children. Most of us reside in the Valley of the Sun, coming from almost every district available. Five are from out of state. Together we comprise some 881 years of teaching experience. Only 33 of our co-workers are Special Education teachers. The other professional fields represented include: teachers in kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, and 8th grades, substitute teachers, student teachers, homebound teacher, core teacher, state prison teacher, and resource teacher for the visually handicapped. Also teachers in many special areas: physical education, home economics, reading, social science, psychology, coaching, and music. A librarian, a speech pathologist, an audio-visual coordinator, and a teacher of the CRP Program add to the many areas represented in this workshop.

We sincerely appreciate the knowledge and experience which the fine speakers so freely shared with us. Our visitations to different types of services available for the exceptional child have helped to make us aware and proud of the progress being made. Our thanks is extended to all those agencies which allowed us to tour their facilities and visit their classrooms.

A special thanks is given to Ozella James, who suggested our theme, MISSION: POSSIBLE, and to Joe Steere who did the photography for the 1969 Syllabus. Joe also deserves recognition for his hard work in making a photographic essay of this 1969 Workshop. A word of thanks is also extended to Mr. and Mrs. John Batina for their work as class treasurers.

The Workshop has been an opportunity to display leadership. The Syllabus committee members have been outstanding in their leadership and diligence. Particularly worthy of note, have been the efforts of Marsha Harrington, Secretary for the Syllabus committee and Sandy Miller, General Chairman. A demanding job well done.

1969 Syllabus Committee

Sandra Miller, Chairman
Marsha Harrington, Secretary
June Shumway, Co-Chairman
Mae Clark
Virginia Betchal
Ginny-Lee Larsen
Bob Sorrell

Janet Estes, Artist
Rosemary Frick, Artist
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Pam Trimble
Alice Repplinger
June Pomeroy

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MISSION:

EMOTIONALLY DISTURBED

EMOTIONALLY DISTURBED CHILD

INTRODUCTION

Though the current literature refers to "the school psychologist", "counselor", "testing department", and "special education classes", for many schools these do not exist, or if they do exist, they are greatly over-burdened. While the school may, and should, offer these and many other services for the exceptional child, the resources of the average school are limited.

We, the teachers, have all felt the frustration of working with an emotionally disturbed child, needing help in dealing with his problems, and not finding the appropriate source for this help. The task of seeking assistance often continues from one teacher to the next, and only the extremely dedicated can pursue this for the estimated 5 to 10 percent of the class which have such emotional problems. (1) Many children with lesser problems will not be referred at all, but must function as best they can in the regular classroom atmosphere.

We, as concerned teachers, feel that the responsibility falls upon us to learn how to operate most efficiently in this interim situation, until the school is able to provide the staffing and special care necessary to develop these children to their full potential.

Therefore, we have chosen to do some down-to-earth work which can help us in our jobs as "diagnosticians", "psychologists", and "referring specialists". We will define the term "emotionally disturbed", delineate the basic types, describe the recognizable symptoms, offer suggestions for teaching these children in a regular classroom, and suggest agencies for referral of the more severe cases.

DEFINITION OF EMOTIONALLY DISTURBED

"The emotionally handicapped child is defined as having moderate to marked reduction in behavioral freedom, which in turn reduces his ability to function effectively in learning or working with others. The reduction of personal maneuverability and flexibility in a changing environment increases the individual's difficulties in adapting to the pressures and changes of life. As a result, the emotionally handicapped person shows increasing susceptibility to behavioral difficulties and interpersonal friction." (9)

For this paper we have designated the basic types of emotional disturbances as the following:

1. Agressive,
2. Withdrawn,
3. School Phobia,
4. Brain Injury.

1. AGRESSIVE

"Aggression, when psychologically defined, usually refers to behavior that is hostile in expression and arises from frustration in the attempt to attain personally significant goals. Its intent is typically to inflict physical or psychological discomfort or pain, although such intentions may not be consciously perceived by the aggressor." (1)

The following are traits which could be noted in the classroom to identify the aggressive emotionally disturbed child. The intensity, frequency, and duration of such traits determine the degree of emotional instability.

1. Hyperactive-running, crawling, etc. about the room,
2. Destructive,
3. Negativistic-takes the opposite side whenever possible,
4. Excessive verbal outbursts (swearing, smart talk),
5. Resistant to authority and law,
6. Lying and stealing,
7. Enraged and explosive anger,
8. Deep sense of guilt,
9. Self destructive drives,
10. Violent hostility and temper tantrums,
11. Truancy and frequent absence from school,
12. Megalomania-delusions of greatness, wealth, etc.,
13. Cruelty toward animals and peers (terrorizing),

14. Masturbation and other abnormal sex acts,
15. Soiling and aggressive urinating,
16. Severe compulsions-claustrophobia, incendiarism (malicious burning), etc.,
17. Insists on having own way,
18. Lack of empathy for peers,
19. Selfish-power driven-greedy for whatever gives him control over others,
20. Responds to attack and to criticism with hurt feelings rather than with aggression,
21. Physical attacks on persons or property,
22. Combativeness and competiveness carried beyond the limits of sportsmanship,
23. Symbolic aggression through stories or art products that portray conflict or injury,
24. Blaming own difficulties on others,
25. Vindictiveness, often nobly disguised as a demand that the guilty be punished.
26. Stubbornness, teasing, tattling,
27. Teacher defiance,
28. Inattentive, indifferent, or apparently lazy,
29. Exhibits nervous reactions such as nail-biting, thumb sucking, stuttering, extreme restlessness, muscle twitching, hair twisting, picking and scratching, deep and frequent sighing.
30. Actively excluded by most children whenever possible,
31. Failure in school for no apparent reason,
32. Dislikes school intensely,
33. Appears to be more unhappy than most of the children,
34. Achieves much less in school than ability indicates.

2. WITHDRAWN

The withdrawn child is one who is fearful of not being accepted, so he gives up trying by withdrawing into a fantasy world where he finds security.

D'Evelyn suggests a general criteria for judging whether a child is withdrawn or not, by asking the following questions:

1. Does the child always play alone at home and school? Does he go home alone each day from school and play or read in a solitary manner?
2. Does he have any friends?
3. What are his interests?
4. In what community activities does he participate?
5. To what extent and degree are the child's fears?
6. Does the child take part in school activities such as class committees or games?
7. Does he daydream much during the day?
8. Is his world make-believe much of the time?
9. Is he learning what is expected of a child his age?
10. Does he seem happy most of the time? (2)

With the help of the above criteria a teacher can now identify the withdrawn child if he displays these symptoms:

1. Irregular and bizarre motor functioning often characterized by rotating or whirling play,
2. Perceptual malfunction distinguishing the important from the unimportant and in utilizing unusual relationships and symbols,
3. Inability to form close ties with other persons,
4. Excessive fear, bewilderment, apathy and anxiety states,
5. Fragmented, dissociated and bizarre language,
6. Modes of thinking preoccupied with fantasy and little concern for reality,
7. Lacks responsiveness and spontaneity,
8. Demonstrates great difficulty in controlling aggression,
9. Long periods of inactivity,
10. Unusual eating problems - ravenous or very little appetite,
11. Short attention span,
12. Rarely volunteers or contributes,
13. Unconcerned with responsibilities,
14. Insistence on sameness in environment,
15. Overconforms to rules,
16. Has problems of enuresis and soiling,
17. Possesses these nervous symptoms:

   - a. nail biting,
   - b. squirms and fidgets,
   - c. pulls at hair or clothing,
   - d. sucks on fingers,
   - e. stuttering.

18. Infrequent hysteria,
19. Generally sullen and unhappy. (13)

The following are some informal testing methods to use in identifying the withdrawn child.

1. Discover clues to problems through paintings, creative play, modeling clay and story writing,
2. Create a questionaire that could be administered orally to individual children. Each question requires a "yes" or "no" only. A high degree of positive answers will likely indicate a marked amount of introversion.
3. Gather children in a circle for an informal discussion of interesting things people sometimes imagine in their daydreams. Answers should be on a volunteer basis.
4. Give a sociometric test which serves to measure how children see other children.
5. Plan parent-teacher conferences to determine whether the problem exists at home.

3. SCHOOL PHOBIA

School phobia is the result of an unbalanced emotional parent-child relationship. These children find it difficult to attend school. Their real fear is not a fear of school, but the fear of being separated from their mother. The reasons for these fears are sometimes hidden and repressed, but in most cases these fears are based on unstable marital relationships.

Children who show symptoms of school phobia are not incapable of doing the school work, but they react when approaching the school situation and become anxious and fearful. This is due to the parent-child separation.

Research indicates that the refusal to attend school usually develops slowly. This condition is characterized by such physical disturbances as: complaints of nausea, trembling, restlessness, irritability, and anxiety. Burns feels the degree of these symptoms are greater in girls.

Hersov has identified some of the ecological elements of this handicap as "High incidence of neurosis in the family, the children are passive, dependent, over-protected, and they have had little experience of parents' being away from the home." (8)

When the condition of school phobia is not corrected, the child will experience continuous failure and loss of status. The child will soon begin to think of himself as worthless.

4. BRAIN INJURY

Brain injury, while seemingly a physical handicap, and not an emotional disturbance, has characteristics which could be misinterpreted as such. When considering a child who appears to be emotionally disturbed, the possibility of brain injury should be considered.

Brain injury refers to an area of the brain that is damaged primarily as a result of injury or infection.

The most typical causes of brain-injury are the following:

1. Difficult and long births,
2. RH incompatibility in the parents,
3. Inflammation resulting from disease,
4. German measles,
5. High fever resulting from illness,
6. Circulatory difficulties,
7. Head injuries caused by accidents.

Symptoms or characteristics of the brain-injured child are identified in four areas.

1. Perception. The child has difficulty in distinguishing important from unimportant visual stimuli. Background and foreground tend to appear alternately, confusing the child.

2. Conceptualization. Brain-injured children are deficient in their ability to conceptualize. They cannot organize perceptions, consequently, they are unable to develop concepts.
3. Acquisition and use of language. Difficulty in forming perceptions and conceptualizing are reflected in language patterns. The brain-injured child may have difficulty finding the right words to express a thought or idea.
4. Emotional behavior. The most basic problem is the child's lack of self-control or impulsiveness. He has definite changes in mood and usually says or does what comes to his mind.

Characteristics and symptoms of the brain-injured child vary, depending upon the child and the type of extent of his brain damage.

PROVIDING FOR THE EMOTIONALLY DISTURBED CHILD IN THE CLASSROOM

INTRODUCTION

"The teachers a child has, can make the difference in how he sees himself and how he grows." (9) His school experience can help or hinder his mental health, and teachers make up a large part of these experiences. Each teacher should, therefore, look into some of the current literature on the protection of mental health in schools.

However, when disturbance appears in a child, whether deep or temporary, the school needs to be aware and try to understand and deal with it. This section covers some of the methods and aids a teacher can use in the classroom to manage these children and to help them learn. These suggestions are no secrets which can be digested like a vitamin pill to provide protection from the dangers of teaching or a magic potion to work miracles.

For teachers of emotionally disturbed children, the understanding of behavior must reach into an awareness of the unconscious motives and the emotional patterns which develop over the years between parents, the child and the rest of his world. From this statement, you can see that one of the first steps a teacher can take is to gain knowledge of the child's background through any sources available. Some behavior, when understood, is easier to tolerate, and some behavior must be tolerated until the child can receive specific help. As you study the following suggestions, remember that they must be adapted to each child and teacher, and no two are alike.

GENERAL INFORMATION

An emotionally disturbed child needs a particular kind of environment in which to recover to normality. In the past there has been emphasis in determining what caused the disturbance initially (etiology), but the trend is shifting to emphasis on what can be done about attacking the problem as it exists. A permissive classroom climate was recommended in the treatment of the emotional illness. But Haring and Phillips have found that placing stress on the educational objectives will improve emotional imbalance. The main hypothesis advanced in their study was that the children suffer from emotional disturbance because they lack order and structure at home and school. According to Haring and Phillips, structure in the classroom then becomes the most important factor. Structure can be developed by the following procedures: (7)

1. Set up a definite and dependable classroom routine,
2. Give at first very specific and limited tasks, which can later be extended,
3. Have the teacher remain consistent in giving and following through on requirements to the child until they are reasonably fulfilled,
4. Have a child repeat or re-do careless or incomplete work,
5. Foster a persistent pattern of returning to work after an emotional blow-up,
6. A permissive attitude characterized by "I'll do the work if I feel like it," should not be accepted,
7. Quiet booths or a quiet corner should be available.

One teacher has found that it is helpful to use a daily assignment book as a guide. This activity may lead to the following benefits:

1. Let the child see what his work for the day will be -- what is expected of him -- and provide a way of checking assignments as they are completed,
2. Limit the amount of oral explanation by the teacher,
3. Permit greater simplification of all directions,
4. Permit more consideration of individual differences and needs.

Objectivity in handling the disturbed child is important. Commiseration, blaming, scolding, lecturing, and other ineffectual activities are to be avoided; in their place should exist a matter of fact, unemotional attitude. Teacher traits that are best for emotionally disturbed children are self-control and the need to have things run smoothly. This kind of teacher focuses on structure, order and planning. If a teacher feels the need for a child's affection she is apt to structure her teaching to obtain this affection. This attitude is not desirable because the child's needs are paramount, not that of the teacher. (7)

"MUSTS" FOR THE TEACHER OF THE EMOTIONALLY DISTURBED CHILD

1. There must be cooperation between the school and the home. (Parents and teachers must

plan together).

2. The teacher must never be defensive with parents or administration.
3. The teacher must maintain an atmosphere conducive to good mental health.
4. The teacher must help each child gain this feeling of self-confidence. "Self-confidence is basic to sound mental health!" (2)
5. The teacher must guide each child in building a good self-image, accepted and respected by others.
6. The child must have the teacher's acceptance and support. He must know he is loved, and wanted and needed.
7. The teacher must help each child be successful in learning and in relationships with classmates and teachers.
8. Teachers must help each child develop feelings of self-respect and respect for others.
9. Teachers must help each child see the relationships of competition and cooperation in his school life and in the world.
10. Teachers must always accept each child, no matter what his behavior might be. Don't accept the unacceptable behavior.
11. Children must be seen as human beings who need help in working through solutions to deep personal problems -- not as objects we "do things to" or manipulate.
12. The relationships between teacher and pupil must be supportive, pleasant, and concerned.
13. The teachers must give consistent understanding and guidance.
14. Teachers must remember that personal relationships in the classroom are more significant than "subject matter".
15. The teacher must not have only individual experiences; group life is needed also.
16. The teacher must never give a child that which he cannot do.
17. The teacher must have all types of self-tutoring materials available.
18. The teacher must emphasize total body integration and self-image functioning or maturational stimulation.
19. The teacher must provide perceptual training for those in need.
20. The teacher must teach around limitations.
21. The teacher must take each child where he is and progress from that point, at his rate and level.
22. All learning must have certainty.
23. The teacher must be honest with each child. If the child "hits deep", be honest in your reactions.
24. The teachers must have sensitivity toward student personalities and colleague personalities for they must constantly work with other staff members.
25. The teacher must walk the tightrope between encouragement and support on one hand, and reasonable demands and pressure on the other.
26. Teachers must be truly dedicated individuals who love youngsters and who do not mind being looked to for patterns of behavior, standards, and values.

SPECIFIC INFORMATION

BEHAVIOR MANAGEMENT

1. Determine what the stressful situations are.
2. Use new techniques for teaching an area in which a child has previously failed.
3. Use cubicles or "offices" in the classroom for a child who needs to have stimulation reduced; movable partitions can be made from refrigerator boxes.
4. Send children to rest in the nurse's office when stress is excessive.
5. Eliminate grading for the time being, substituting individual charts of the child's progress.
6. Let each child express hostility through working with clay and paints.
7. Provide remedial help.
8. Use various methods to relieve stress of testing.
9. Provide short term goals.
10. Have morning nutrition period to forestall hunger pangs that interfere with studying; during the period stress relaxation and teacher-pupil small talk.

THE AGGRESSIVE OR HYPERACTIVE CHILD

We have grouped these children together because many of the following suggestions can be used for both types of children.

AGGRESSIVE

1. Give the frustrated child love, sense of security, praise and encouragement. (They need the sense of belonging.)
2. Punishment has been used effectively when the child realizes his actions or behavior were not right.
3. Isolation is the best immediate action. Give the child a chance to calm down and regain his self-control.
4. Befriend him and try very hard to satisfy his needs.
5. Keeping the child near you sometimes gives him the support he needs.
6. Give the emotional strength to make up for what is lacking at home.
7. The teacher must help the aggressive child to overcome fear and anxieties.
8. Help each child develop self-control.
9. If the child says "no", the teacher must offer alternative paths to follow. The teacher must structure a "yes" situation and restructure it again and again, whenever necessary.
10. A rule must reflect a rational, realistic need and be meaningful to the child.
11. As a child sees that the teacher is consistent, understanding, dependable and fair, the child's aggression tends to decrease.
12. The child needs recognition and status.
13. Encourage expression rather than suppression.
14. When you have an encounter with an upset child, realize he is not upset by you, nor is his difficulty your fault.
15. Do not put yourself in a position where he can attack you physically or verbally. This action is of no real value to him.
16. Ignore misbehavior as much as possible when it is used as an attention getting device. Separate him from the group and then go to him with some visible reward when he is calm.
17. Understanding the reason makes rebellion less necessary and, therefore, less frequent.
18. The teacher must build faith in the child by believing in him.
19. Give each child a sense of responsibility within the group and a need to serve.
20. Have few school rules, but see that these are enforced.
21. Penalties should be set in advance, known to children, and consistently enforced.
22. Class rules can be established by children themselves. They conform more easily under self-discipline and accept judgment of peers better than that of adults.
23. Find new experiences that prove to be a challenge to him, yet not beyond his capability.
24. Direct his energies toward worthwhile experiences.
25. Play in the sandbox and draw or "scribble for fun" to music.

THE WITHDRAWN CHILD

1. The first and foremost duty is to notice and take remedial action.
2. Slowly but surely, build up his participation in activities of the classroom.
3. Recommend that the child gets expert help either at a child-guidance clinic or from a psychiatrist in private practice. Early diagnosis and prompt continuing care are the most important treatments in severe cases.
4. Treat each child as a friend.
5. Listen when the child talks and respect his ideas.
6. Recognize his good points and express your approval.
7. Use shy, gentle children to help withdrawn ones.
8. Be alert to each child's needs, materials, and emotions, and be ready to satisfy them quickly.
9. Put help on an inconspicuous and impersonal level. This child has a poor-concept; he feels unworthy of notice.
10. This child needs much praise; let him know that which he does well.
11. Tell stories and use puppets to encourage identification for the child.
12. Act out plays (Role playing).
13. Be consistent, emotionally even, and dependable.
14. Do not ever force a child to recite in front of class. Criticism, ridicule, and punishment should be avoided.
15. After the teacher gets the child actively involved, encourage him in various types of self-expression. (Drawing, painting, writing, etc.)
16. Get the child to express himself with one other person; then two, etc., until he may feel free to do so in front of the class.

SCHOOL PHOBIA

How much a child with school phobia can be helped at school depends upon the seriousness of his disturbance. His basic personality will also be a factor in his chance for improvement.

If the case is less severe the parents need to be firm about the necessity for him to be in school. Usually the mother cannot be firm and the father must take the initiative. The teacher, too, must be firm, but supporting.

If it requires physical force to get the child to school, or if the degree of his disturbance is intense while in the classroom, the case is too severe to handle at school and professional help is a necessity.

Even when a case seems to be resolved satisfactorily by the parents and teacher, it tends to reoccur at a later time. Ideally then, the parents should seek therapy at the first instance. However, they are typically resistant to the idea. Sometimes it is advisable to let them try their own means to solve it, and when they find it is beyond them, professional help becomes more attractive. Even while under professional care, school contact must be maintained and school work continued. When the child returns to school it may need to be on a gradual part time basis. (1)

SUMMARY

In almost every classroom there are at least a few children who appear to be sullen, aggressive, withdrawn, defiant, or lazy. To the teacher who has come to teach, these children may represent a constant source of frustration and irritation. Unless the teacher can understand and help these children, she may be forced into the role of caretaker and disciplinarian.

An atmosphere of good mental health can be, and must be, created by the teacher herself. If she is understanding and warm, the children will respond. A flexible, relaxed approach with avoidance of excessive strictness and structure will be helpful. For some children, the teacher may represent the only adult model they will experience who demonstrates good mental health.

Each child must feel accepted and emotionally secure in the school environment and he must get the support and attention that he needs from the teacher in order to learn.

> "Good education involves more than teaching; it is the more than teaching that enables children's emotional needs to be met, and makes a teacher's task infinitely rewarding." (2)

COMMUNITY FACILITIES FOR THE EMOTIONALLY DISTURBED

These are current references which have been personally contacted. The information, while necessarily limited here, should help you locate agencies appropriate for a specific need.

Diagnostic and Evaluation Centers

Child Study & Consultation Service
1141 East Rose Lane
Phoenix, Arizona
Telephone: 277-6235

Good Samaritan Hospital
1033 East McDowell Rd.
Phoenix, Arizona 85002
Telephone: 252-6611
All ages

Goodwill Industries of Arizona
417 North 16th Street
Phoenix, Arizona 85006
Telephone: 258-7046
Age 16 and over

Jane Wayland Child Guidance Center
1937 W. Jefferson
Phoenix, Arizona 85009
Telephone: 254-6641
Ages 6 - 12

Jewish Family and Children's Service
1515 East Osborn Road
Phoenix, Arizona 85014
Telephone: 277-5421
All Ages

Maricopa Community Mental Health Center
6411 East Thomas Rd.
Scottsdale, Arizona
Telephone: 947-6353
All ages

Mesa-Tempe Mental Health Center
500 West 10th Place, Suite 102
Mesa, Arizona 85201
Telephone: 964-2467
School age

Information Organizations

Arizona Association for Children with Learning Disabilities
P. O. Box 15525
Phoenix, Arizona 85018
Telephone: 948-2919
All ages

Community Council Information and Referral Service
1515 East Osborn Rd.
Phoenix, Arizona 85014
Telephone: 277-2651
Birth through high school

Leap Community Service Center
4732 South Central Avenue
Phoenix, Arizona 85040
Telephone: 268-0211
All ages

Private Schools & Residential Facilities

Arizona Foundation for the Handicapped
3146 East Windsor
Phoenix, Arizona 85008
Telephone: 956-0400
Ages 4 - 21

Devereux Day School
6404 East Sweetwater
Scottsdale, Arizona 85251
Telephone: 948-1950
Ages 5 - 15

Indian Hills Day School, Inc.
2110 East Lincoln Drive
Phoenix, Arizona 85020
Telephone: 944-1087
Ages 4 - 11

Jane Wayland Child Guidance Center
1937 W. Jefferson
Phoenix, Arizona 85009
Telephone: 254-6641
Ages 6 - 12

Sunny Dale Children's Home
1625 West Dobbins Rd.
Phoenix, Arizona 85041
Telephone: 276-4611
Male ages 7 - 19
Female ages 7 - 13

Public School Programs

Maricopa County Accommodation School
111 South Third Avenue
Phoenix, Arizona 85003
Telephone: 262-3926

Mesa District #4
High School District #207
549 North Stapley
Mesa, Arizona 85201
Telephone: 962-7111

Osborn District #8
1226 West Osborn Rd.
Phoenix, Arizona 85013
Telephone: 264-6851

Phoenix Elementary Schools
District No. 1
Child Study Service
School Administration Building
125 East Lincoln St.
Phoenix, Arizona 85004
Telephone: 258-2641

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MISSION: SOCIALLY MALADJUSTED

THE SOCIALLY MALADJUSTED CHILD

Because social maladjustment in children is a highly arbitrary entity, a general discussion is as difficult as an all encompassing definition is impossible. Are we speaking of a three-year old child who disobeys his parents habitually and seemingly purposefully, or of a six-year old child who has temper tantrums at the mere suggestion that he should attend school? What about the child who destroys property or tries to hurt others? Are we speaking about the child to whom teachers refer in the teacher's lounge with hushed voices and threatening terms? Is it the "Children Who Hate", as described in Redl and Wineman's book, Controls From Within, (13) or are we thinking of the "juvenile delinquent" or the youth who steals cars? Maybe we refer to the dropout or the unmarried teenage mother. We are talking about all these children and all other children with problems. Those who have problems in adjusting to the rules of our culture, or to the demands of the moment.

IDENTIFICATION OF THE SOCIALLY MALADJUSTED CHILD

The area of the socially maladjusted child involves those who are classified as aggressive, truants, delinquents, incorrigibles, destructive, defiant, emotionally unstable, and psychotic. There are those children however, who would be classified under none of the above headings. For they will accept the demands made of them and will do nothing to call attention to their maladjusted behavior. They disguise their behavior and suffer silently.

Most maladjusted children grow up without incorporating a satisfactory set of values. They are defective in conscience or superego. These children usually have potential for feeling sorry or guilty. "Estimates of the percentage of all maladjusted with this general syndrome vary from 15 percent to over 50 percent." (4)

Since this general category represents such a broad range, it will be useful to examine three common sub-groups.

1. The semi-socialized child is sometimes considered as a part of the primary behavior disorder group. These children sometimes grow up in a loose or diverse environment which has limits of codes relating to social behavior. Frequently they can relate to peers with a close gang or in-group loyalty. While the child is loyal to his group, family, clique, cultural or racial entity, he is at war with cultural agents. They regard police as cops or enemies out to get them. Teachers are not there to help but to change them or their ideas. Mistrust is one of their inclinations.
2. This category represents a primitive level of socialization. The child grows up without gang culture or a consistent family. They may be labeled as deprived or neglected. In large cities they may be referred to as the "latch key kids." (4) These children are left to live by their own wits. Here the parents work and are not home often. Children are presented large quantities of material things to make up for parental neglect. They may steal and participate in sexual activity with a generally hedonistic outlook. They frequently come unkempt, hungry, and dirty to school.
3. The third type is far more serious from the point of view of teaching. These children have a lack of capacity to learn social behavior. Often these children use delinquent tactics to gratify their needs. These children do not have the capacity to empathize with the feelings of others. Their language is deficient because it is a socialized response. They become antagonistic when their excessive demands are not met.

IDENTIFYING THE SOCIALLY MALADJUSTED CHILD

Diagnosis of maladjustment should result from the combined efforts of experts in the disciplines of medicine, psychology, sociology, and education. These disciplines must be applied to each problem for an appropriate and accurate diagnosis. No diagnosis has an arbitrary solution. A diagnosis has varying certainty and leads only to possible procedures. Observation by a skillful teacher may give more practical results than various tests. The latter may be caused by the teacher's behavior or the classroom setting which brings out certain responses.

With the educational setting as a back drop, behavioral problems might be categorized as follows:

A. Disturbed children without academic or classroom behavior problems: These children have unacceptable behavior manifestations but with potential for reasonably normal academic achievement. Their school behavior and achievement is satisfactory but they present problems in other spheres of life. Schools might often be a compensating area. These children are often overlooked as presenting problems.

B. Children with satisfactory achievement that present school behavior problems: This is evident where home situations are not reacted against and the school bears the brunt.

C. Children who have difficulties in both spheres: There are youngsters who get poor grades, but show they are learning on the basis of objective test data. They interfere with the learning of others and produce little in required tasks. Their reaction against authority may be active or they may just sit passively. This group of children find their school system inadequate. In this instance the system, not the children might be changed. Often these children may be materialistically oriented or come from families not of sound educational background.

It must be kept in mind that causes of maladjustments are as varied as the number of cases under consideration, and the treatment used should be equally varied.

IMPLICATIONS FOR WORKING WITH THE SOCIALLY MALADJUSTED CHILD

Implications for working with a child who is "socially maladjusted" are as broad as the scope of children whom we place in this slot in our own mental computers. As classroom teachers, we need at our fingertips a wide variety of techniques or ideas for working with these children, or any child. The need for discipline in every classroom tells us that even those children whom we consider "normal" need help in being "socially adjusted" in certain situations.

It cannot be stressed too strongly, however, that any or all techniques are secondary to the relationship between the person applying the technique and the child in question. Of vital importance too, is the total "antiseptic" nature of the technique upon that child. (13) In other words, it must not be allowed to create more problems, or problems of a more severe nature than those it solves. It must not in any way interfere with the total improvement program of the child. Since each child is an individual with individual problems, the use of any method for dealing with children must be a method for dealing with a child. The teacher must base his solution on all knowledge and experience concerning the child's total improvement. (13)

Frequently teachers think that a child is having trouble adjusting to regular classroom behavior and that the answer is to talk to him. This is legitimate, but it has its limits. Typically we try to ask him why he is behaving this way and to warn him of negative consequences if this behavior continues. (2) We should recognize that he may not know why he did it. If we don't succeed in our first attempt to talk with him, there usually isn't much purpose in pushing it.

There are some useful and positive things we can do when problems occur. These devices include: (1) effective punishment, (2) signal interference, (3) proximity and touch control, (4) antiseptic bouncing, (5) feeling-oriented discussion, (6) regrouping, (7) restructuring, (8) tension-decontamination through humor, (9) hurdle help, and (10) involvement in interest relationship. Each one is an attempt to help the child survive in his environment within the context of the knowledge the teacher has about the child's needs and problems. (13)

AN AGENCY FOR SOCIALLY MALADJUSTED: THE CYESIS CENTER

Unknown to many, there is a medical term for pregnancy -- Cyesis. This appreared to be a suitable name for the new school opened in 1964 for unmarried mothers. Mrs. Robert J. Hannelly, Co-ordinator of the Homebound Department in the Phoenix Union High School System, named the Cyesis Center.

In 1964 there were relatively few such centers in the country. Phoenix was among the pioneers in this area. Just as in the Mentally Retarded area, so too in the Cyesis area, there were those who at first were not sympathetic to the great need for this service. "Latest count indicated there were over 75 multi-service programs for schoolage pregnant girls in 64 different communities." (8)

Certainly at this most difficult time in their life, dropping them from school, with no one to help is not the civilized answer. "The majority of districts require a pregnant student, married or unmarried to leave school." (14) She becomes a drop-out, not by choice but by necessity, when she is already beset with many emotional, physical and financial problems. To whom can she turn if not the school? Quite understandably some parents are emotionally upset, angry, and nagging at their girl incessantly. Others, after a few tears are able to accept the unfortunate situation and try to help and understand their daughter. When communication between parent and child has been good there is a far better chance for the girl to receive loving care at home rather than complete or partial rejection.

Many have asked the purpose of the Cyesis Center. To answer this would take many pages, but speaking as an educator: First we want to keep them in school, in familiar surroundings and try to make these months as normal as possible. "Studies made of pregnant women have indicated that many of the common but unpleasant symptoms of pregnancy have an etiology that is, in part at least, rooted in emotional problems." (10) Add to this a young, immature girl, deserted by the boy, criticized by her parents for disgracing them and burdening them with huge hospital and doctor bills. No wonder they need professional help at times. They also have an extremely difficult decision to make, in addition to all their other troubles; will they be able to relinquish the baby when the time comes? This is not an easy decision for some of them to make, while others are able to live through it fairly well. To their surprise when they come to the Center they learn they are not alone. Others share their common problem. Many others-- "In the United States in 1966 there were over 70,000 illegitimate births to girls less than 18 years of age." (9)

One of the first schools to open was the Webster Girl's School of which Miss Howard says, "The Webster Girl's School was a pioneering effort to meet the complex needs of pregnant school girls at a time when most school systems were solving the problem by expulsion." (6) The Webster School opened in 1963, and Cyesis started in 1964. Next year will be this writer's sixth year at the center. I agree with Mrs. V. McDonald who said, "If you haven't done this work, you don't know what you have missed." It is indeed most rewarding.

There is no stereotype unwed mother. "Time was when it was commonly said that low intelligence was significantly related to unmarried motherhood." (6) Definitely, this is not the case today. Our students range from extremely bright to poor and below average. They come from every race, creed, and socio-economic level. We are truly integrated.

An interesting fact is "the illegitimacy rate per 1000 unmarried women has remained relatively stable between 15 and 19 years. (16.7%)" (7) There are more births because of the war-baby boom that increased our population to almost 50% under age 25 years.

Investigating both the social and economic characteristics of high risk mothers, Florence Haselkorn said, "There are two over-lapping groups of high-risk mothers: Those who are poor and those who are unmarried." (5)

Our goals are to educate and help these girls graduate, learn a skill to support their babies, or if relinquished prepare them for college. One former Cyesis Center student has already graduated from college. (This is the Center's fifth year.) Others are wage earners rather than welfare recipients. In other words, Cyesis is not only preventing drop-outs, but giving counsel, help, reference to professional services and pre-natal clinics; but also saving the taxpayers' money and in the end producing taxpayers and good citizens for our growing community.

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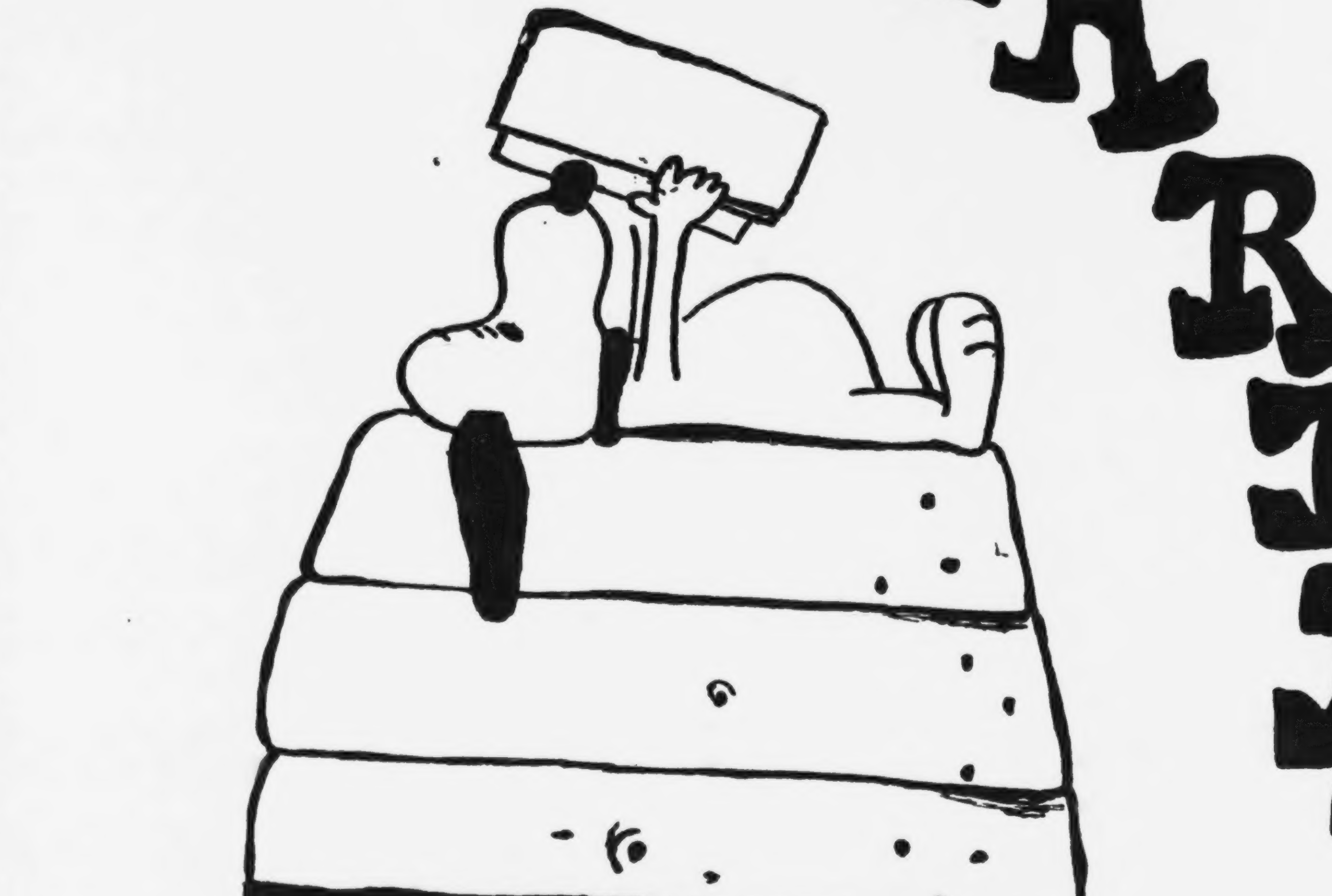
MISSION:
MENTAL
RETARDATION



EDUCATION OF THE MENTALLY RETARDED

INTRODUCTION

Our philosophy with regards to the mentally retarded child is "TO MAKE A DIFFERENCE". To effectively make a difference within the life of the mentally retarded child, we, as educators, must ask ourselves for what purpose or end is education of the retarded desirable. To answer such a question, we must follow up by asking ourselves, "What can we do for this type of child?" When we begin to do "for" them we also initiate the work that will lead toward an effective end to this child's educational program.

As the state of Arizona defines this child, thus do we as Arizona educators. Educable mentally handicapped means a child who, because of his intellectual development, as determined by competent professional evaluation, is incapable of being educated profitably or efficiently through regular classroom instruction, but who is capable of achieving a limited degree of proficiency in basic academic skills and as a result of special education may become economically productive and socially adjusted. The trainable mentally handicapped means a child who is incapable of being educated in educable mentally handicapped classes and who meets the following criteria:

1. The child must be physically capable of attending school and benefiting from the school experience
2. The child must be of lawful school age
3. The child must be able to communicate to the extent that he can make his wants known and can understand simple directions

To make a difference for the above defined child, the group interested in the area of mental retardation researched materials in order to attempt to answer two main questions: (1) What must the child have to know in order to live as successfully as possible in the world in which he finds himself? (2) What must we, as teachers, need to know in order TO MAKE THAT DIFFERENCE?

FACILITIES FOR THE MENTALLY RETARDED

Congress' enactment of Public Law 88-164 authorized the appropriation of 329 million dollars to provide the construction of research centers and facilities which provide diagnosis, treatment, education, training, custodial care and sheltered workshops for mental retardation.

Arizona has seventeen Diagnostic and Evaluation Centers which involve the diagnosis and evaluation of the individual and appraisal of resources of individual, his family and the community.

There are nine Residential Facilities in Arizona that provide treatment, education, training, and custodial or sheltered workshops on a twenty-four hour a day basis.

Approximately twelve Pre-school and Day-care Facilities are available to provide training in motor skills and self-help activities of daily and social living. The program of instruction is geared to the needs of retarded at various levels and ages.

More and more facilities are needed as the number of mentally retarded increase due to longevity and population increase. In many households it is necessary to find a place for the mentally retarded child because both parents work or the mother needs relief from the child for health or other urgent personal reasons. Several public school districts are providing programs for the exceptional child as a service to the community.

In placing a mentally retarded child, one must consider an environment which would permit the best chance for physical and mental growth; one which nurtures the formation of habits of learning that add to his fullness of living. This environment may be provided by the home, day-care center, or boarding institutions. Selecting the proper facility is determined by the attitude of the family, degree of the child's trainability, and mental development. State institutions may be the answer as they provide the child with good physical care, kind affection to satisfy the emotional needs, and the training for a useful and productive life. Sheltered workshops may be considered as they attempt to teach the necessary work habits and skills and train the child under conditions less demanding than normal.

ADVANCEMENT THROUGH RESEARCH

Through research many causes of retardation and other defects have been identified. Studies show that some children cannot utilize certain common foods and that this inability ultimately will produce a toxic or poisonous effect on brain functioning. Special diets can be prescribed by a doctor which can, if started early enough, prevent or correct the retarding effect.

Recent research indicates that many cases of retardation could be avoided if adequate nourishment and environmental stimulation were present in the home and community. It is possible that eventually as many as half of the cases of retardation could be eliminated through an extensive nationwide effort in all areas of prevention.

Good prenatal care is important in the reduction of mental retardation. Therefore, there is a need for health education programs to reach the increasing number of expectant teenage mothers, as well as those of low income groups, particularly in relation to improvement of nutritional practices and the reduction of environmental health problems.

Educating the public through the use of community resources, such as P. T. A. 's, civic, and community organizations can develop community awareness and support for programs which help the mentally retarded.

Highly qualified personnel are needed to work with retarded children. Training programs in the health, education, and welfare fields should include courses relating to the mentally retarded, their identification, and their needs.

PARENT EDUCATION

Parents of retarded children need a great deal of help in understanding and coping with the problems they face. All too often these parents do not get the proper counseling. Most public school counselors and public health nurses are not trained in problems of mental deficiency and are quick to admit it. Usually the physician or examining psychologist cannot take time to discuss adequately all of the problems encountered.

It usually becomes the job of the teacher to answer the questions of bewildered parents. Those in position to work with parents of retarded children are advised to read material relating to professional-parental relationships.

Good reading for parents may be found in many pamphlets available through the National Association for Retarded Children, 386 Park Avenue, South, New York 16, New York.

THE TRAINABLE MENTALLY RETARDED CHILD

The trainable mentally retarded child is essentially one whose Intelligence Quotient is approximately 25 to 50 on tests administered by qualified psychological examiners. In most cases these children are capable of achieving personal independence, social adjustment, and economic usefulness within their home situation or a sheltered environment but are unable to benefit from a program designed to lead to complete independence, such as that provided for educable mentally retarded children.

BEHAVIOR MODIFICATION AS A TEACHING APPROACH

Human behavior is the result of a person's reacting with his environment. The continued occurrence of a certain type of behavior is the presence of some type of reinforcement by the environment that is of value or meaning to the individual. Scientists and psychologists have found that by controlling the environment and reinforcement of that environment, they can modify an individual's behavior; thus, the term, behavior modification, is given to this approach.

Behavior modification as is used for the retarded is not new. Jean Itard used a system of scheduled reinforcement with the "wild boy" he found in the woods of Avenyon, France. Itard thought his effort a failure, but research shows that this approach does work with retarded children.

Using this approach with the retarded is a long term process and an individualized one. An ultimate goal is set with short term goals leading up to it. The child should be able to succeed often and should be rewarded after each success. At first, successes will be rare, but the desired behavior will increase as it is reinforced more and more often.

The reinforcement can be anything that is of value to the child. Some trainers use food, some use tokens or points that can be redeemed for small toys, etc., and others simply use a hug or smile as approval for success.

This approach is simple in theory but a little more difficult to carry out. Since it is individualized to some extent, trained personnel is a problem, especially where training is being carried on with severely retarded individuals. Care should be taken, also, that only successes be rewarded and that every success be immediately reinforced. This puts emphasis on personnel training. Many institutions now use this approach to behavior modification and are having remarkable success, even with the severely retarded. Behavior modification isn't the whole nor the best answer to the training of the retarded child, however it works in many cases.

A GENERAL APPROACH TO THE CURRICULUM FOR THE TRAINABLE MENTALLY RETARDED (TMR)

Programs for the TMR have received some attention by educators for many years. However, it has only been in recent years that improvement of educational services and training procedures other than residential institutions have been made for the TMR.

The TMR, educationally speaking, have measured I.Q.'s between 25-50 and are capable of achieving minimal skills necessary for living in this society. Thus, it is highly important that the TMR curriculum provides a great variety of experiences that will be broad enough to meet the individual needs of each TMR. This general approach to the TMR curriculum is intended as a suggestive aid to beginning TMR teachers in achieving these broad TMR objectives.

The broad objectives are usually in the areas of: (1) self help or physical motor skills, (2) social and emotional skills, (3) language development and communication skills, (4) leisure time activities which include music, art, homemaking and industrial art activities, and (5) occupational skills.

For educational and training purposes, the TMR curriculum is programmed and organized into classes or levels according to chronological age (C. A.). Each level includes learning experiences in small sequential steps within that developmental range. These levels are usually: (1) Preschool -- C. A. 3-6, (2) Elementary -- C. A. 7-14 (may be sub-divided into Pre-primary -- C. A. 7-10, Primary -- C. A. 9-12, and Intermediate -- C. A. 11-14), (3) Secondary -- C. A. 14-18 or 21, and (4) Post School -- C. A. 18 or 21 and above.

Suggestions for activities and materials to aid in achieving the above objectives can be found in TMR curriculum guides and professional texts. These suggestions can be adapted to fit a particular developmental level.

HOMEMAKING FOR THE TRAINABLE MENTALLY RETARDED CHILD

Two main purposes for teaching homemaking to the trainable child are: (1) enable him to meet daily problems of food, clothing and simple home activities, and (2) development of confidence, initiative, and enjoyment in performing useful tasks.

The practical and economic aspects of the student making himself useful in the home environment is a large step in gaining personal satisfaction through self-expression and in developing social competency to the point of being more independent. He also gains a sense of security by helping others as well as himself.

Students learn by doing; therefore, experiences for the trainable child must be tangible and first-hand. They should be sensory and perceptual experiences -- things and activities they can see, hear, feel, touch, taste, and smell. Methods used include observations, demonstrations, field trips, films, pictures, exhibits, and real objects.

An effective program begins with techniques which emphasize simple, direct methods and concrete materials. Having students assist with each step of the demonstration gives them additional practice under close supervision. The demonstration should be one step at a time while the students complete each process to keep the group together and sustain their interest. Directions should be simple and explicit when referring to the learning situation or to the control of behavior.

Homemaking for the trainable child should be a special curriculum geared for this group of students, not a watered-down version of the standard homemaking course.

The following outline should be considered when developing a homemaking program for the trainable child:

I. Learning about family relationships
II. Housing and caring for the home
III. Feeding

   - A. Selecting food
   - B. Cleaning and preparing foods for storage
   - C. Planning simple menus
   - D. Preparing and serving foods
   - E. Setting tables
   - F. Developing acceptable table manners
- IV. Selecting and caring for clothing
   - A. Developing simple sewing skills
      1. Sewing on buttons
      2. Mending and patching
      3. Putting in seams
      4. Making simple garments

THE EDUCABLE MENTALLY RETARDED CHILD

ROLE OF THE TEACHER

From nursery school through elementary to secondary level or the sheltered workshop, it is the function of the teacher to help the educable retardate master those learning skills which are near automatic to the non-retardate. Therefore, "it makes a difference" how the teacher feels about her role.

Since no teacher can successfully guide or teach a charge lest she believes in what she is doing, her most important asset is faith. She must have faith in her ability to understand the basic needs and problems of the retardate which is to be gained through specialized training, through experience, through continuous study, and genuine love. She must have faith in her ability to accept the retardate as he is, as well as the tremendous challenge he presents in the classroom, at home, and in the community as a whole. She must have faith in her capability of being versatile at all times so that she can adapt to meet whatever situation arises, and be flexible enough in her program to meet every individual need. Last, but not least, she must have faith in her awareness of her role in relating to the parents, to administration, to the community, to her colleagues, to the peers of her charge, and to the charge himself. She must have an awareness of her frustration-level in order to retain her composure at all times in face of whatever may occur.

Armed with all of these areas of faith in her role as a teacher of the educable retardate, she will then be able to "make a difference".

READING

Reading must be an integral part of the entire curriculum of the educable mentally retarded.

The primary objective in education of the EMR child is the acquisition of the means for self-dependence and adjustment in society. Life situations that can be included in a reading program are: (1) learning to get along with others, (2) learning to keep healthy and to live safely, (3) learning the wise use of leisure time, (4) learning to travel and to move about, (5) learning to manage personal affairs, (6) learning to earn a living,(7) learning homemaking and simple money management, and (8) learning rights and privileges of a citizen. A reading series that includes these life situations in a developmental reading program is the Functional Basic Series by Stanwix House, Inc.

A reading program for the EMR should include: (1) a reading readiness program, (2) prolonged beginning reading period, (3) program of word recognition and analysis, and (4) special guidance in comprehension. Reading for EMR children differs in its more structured sequence, slower rate in vocabulary presentation, and the simplicity with which the reading skills are presented.

There are several high interest low-vocabulary series that can be used in a reading program for the EMR. Some are:
1. American Indian Series. Benefic Press; 2-3 grade
2. Aviation Readers. Macmillan; 1-6 grade
3. Cowboy Sam Series. Benefic Press; Primer-3 grade
4. Jim Forest Series. Harr Wagner; Primer-3 grade
5. Pleasure Reading Series. Garrard; 3-6 grade

The creative teacher can meet each child's needs by providing a variety of learning opportunities. Some of these are:
1. Naming and labeling objects in the room
2. Preparing picture dictionaries relative to the reading series

3. Preparing experience charts using the child's reading vocabulary
4. Use of overhead and opaque projectors, tape recorders, slides, etc.
   a. Prepare pictures on a transparency for children to make up a story
   b. Take slides on a field trip, have children tell story while you write it, then have them tape it to be played back while watching the slides
   c. Tape easily read book and child follows book while listening to the tape

One of the skills in teaching the EMR is the ability to evaluate what is relevant to a specific child. It is a matter of assigning priorities when we sort teaching content into what is important and less important. IT MAKES A DIFFERENCE!

HOME ECONOMICS

Teaching the slow learner has been identified as one of the major problems facing home economics as well as all other areas of education today. Home economics teachers are finding that much of their pre-service education has been geared toward working with the average child and even though educational philosophy favors recognition of individual differences, learning to deal effectively with these differences is a real need. Since many schools are now recognizing the potential educability of mentally retarded pupils in special education programs, home economics teachers find that they have these pupils in their regular classes.

While a group of pupils may be classed as educable, they will vary greatly as to individual grasp of skills and concepts related to home economics. It is necessary to have realistic individualized classroom instruction, attainable standards, and give frequent praise and rewards.

A lot depends upon the teacher rather than the teaching materials. The teacher must approach her mixed class with a sincere desire to help all pupils and a sincere belief that the educable can be taught.

It is very important that the mentally handicapped child be accepted in the class by the normal children. It is up to the home economics teacher to set the climate of acceptance in the classroom.

Few existing textbooks can be used as they are since subject matter is treated in a manner that is too advanced for the intellectual level of the educable. However, information from these textbooks can be adapted to the level of the child by using only sections or in some cases paragraphs followed by explanation and discussion.

Experiences should be as concrete as possible. Therefore, any teaching method which closely relates subject matter to life experiences will be the most effective. The use of objects, products, field trips, and teacher-student demonstrations are most advantageous. One experience that can be used effectively is a tasting party. Arrange various kinds of vegetables appropriate for a salad on a large tray. Pupils identify each one as they see, feel, and taste them. Then use printed name cards for the vegetables for identification. From this real experience with the different greens, a discussion on salads can take place.

All laboratory experiences would come under first hand experiences. Field trips need not require time from other classes or use of the school bus. Many worthwhile trips may be taken during class period such as a trip to the school cafeteria, neighborhood grocery store, and kindergarten or nursery school.

Mounted pictures can help teach the care and safety of small children, grooming, and other areas. Food models can aid in teaching foods and nutrition. New words may be introduced by using the old flash card system and associating the word with its real-life counterpart. A bobbin, spool of thread, and scissors may be mounted on cards and on other cards the words of these items may be written. The pupils can match the word cards with the item cards.

Suggestions for other visual aids are: simple graphic charts and transparencies to help teach measuring, cooking utensils, and the tape measure. Tape recordings are helpful for teaching recipes.

Listed below are suggested subject matter areas to be taught:

1. Personal and Family Development -- learning about self, getting along with others, family development and community relations
2. Housing -- sharing in keeping home clean and attractive; safety; equipment
3. Food and Nutrition -- food habits, planning, buying, preparation, serving, eating, cleanliness, kitchen management

4. Clothing -- grooming, clothing selection, care of clothes, learning to sew
5. Personal and Family Economics -- needs for money, ways of earning money, buying practices

It could be a great source of personal satisfaction to the home economics teacher that she was able to make a contribution that would help the child become a useful and accepted member of society. The personal satisfactions of the pupil would arise from feelings of accomplishment and belonging.

INDUSTRIAL ARTS

Industrial arts activities does not require verbal ability or response; therefore, those with a speech impediment or language disability -- as well as limited mental ability -- can get satisfaction from industrial arts activities.

Courses in industrial arts for the educable mentally retarded child offer students an opportunity:

1. To develop skill in the safe use and care of tools
2. To develop safe habits and attitudes
3. To develop basic skills in industrial arts such as sawing, hammering, laying out from a template, marking and fastening
4. To develop desirable personal-social traits such as cooperation while working collectively and individually
5. To develop an appreciation for and a knowledge of the different types of finishes and their application
6. To have a working knowledge of the different types of lumber -- plywood, solid board, etc.
7. To use the different shop tools and an opportunity to select materials, tools, and designs.
8. To develop orderly work habits and some basic skill which may contribute to occupational competence
9. To develop an appreciation of good design and good craftsmanship
10. To acquire occupational information and participate in a variety of exploratory experiences which will prove helpful in making intelligent occupational choices.

MUSIC

Varied areas of music are valuable in the education of the mentally retarded child. It brings joy to all and the development of an innate ability on the part of some. Most can partake of some form of music -- if only to hum or nod his head.

Singing is a vital form of music instruction in the program for the educable mentally retarded. Rote singing is the best method of teaching a song to these children. Songs should be of short length with much phrase repetition. The content should be within the experience of the child. These selections would include simple folk songs, singing games, songs popular at social gatherings, patriotic and national anthems, and favorite melodies.

Creative and imitative rhythmic expression should be encouraged in these children. Such activities as hand clapping, walking, marching, skipping, and running should be used. Folk dancing, square dancing, and singing games are also valuable experiences.

Instruments offer an important contribution to the music program for the mentally retarded. Rhythm instruments of all types, resonator bells, guitar, ukulele, autoharp, piano, and those instruments especially associated with the Carl Orff approach to music education are all beneficial to the total growth of the child.

Creative dance can be developed from imitative, mirrored movements and then progressing to free interpretation of music with the aid of scarfs, balls, hula hoops, and any other device that inspires intense listening but aids in loss of self-consciousness.

Music can be used as a reinforcement agent for the classroom teacher in the following areas:

1. Speech articulation
2. Knowledge of left and right, up and down, fast and slow, loud and soft
3. Better body control through playing of instruments and hand clapping
4. Counting
5. Following directions and rules in musical games
6. Learning self control in a stimulating, exciting environment
7. Better posture and grace through dance movements

8. Learning discipline and cooperation in an environment foreign to the regular classroom
9. Development of self-confidence
10. Enrichment through dramatics, instrumental and choral concert attendance and participation, and music appreciation

Daily opportunities for musical experiences in a well structured music program involving singing, dancing, listening, and performing with instruments will help the mentally retarded child to develop musically, emotionally, physically, and socially. MUSIC DOES MAKE A DIFFERENCE!

PHYSICAL EDUCATION

It is a generally accepted fact that an ineffective body will not and cannot benefit the mind, but instead has a tendency to curb the receptiveness of the mind. Physical and mental development cannot be divorced from each other and success attained in either.

We recognize that all children need physical education, but the retarded child needs it more. Anything which will encourage growth will help the retarded child develop to his fullest potential.

In presenting physical education to the retarded a realistic approach is employed "in the sense that miracles aren't expected to be performed". The retarded child is expected to attain a certain amount of conformity in an effort to prepare him for the regular routine of life.

Three objectives of a physical education program should be:
1. To develop motor skills and coordination
2. To develop a sense of belonging to a group through conformity
3. To develop an appreciation for physical activity

These objectives can be met through a physical education program aimed at giving the motor senses activity with minimal expectations.

Listed below are several activities designed for gross motor development:
1. Hop Hop
   a. This game can be played either by placing several cards on the floor over which the children try to hop without ever having two feet on the floor, or by hopping while they carry something to another child in some other part of the room.
2. Ring Toss
   a. A thick board or a piece of 2x4 with holes bored in it, into which pieces of dowel can be glued, makes the stand. Any kind of light-weighted rings will do.
3. Locomotor Activities: Direct the children to do the following:
   a. Crawl forward, backward, and sideways
   b. Skip, with varying degrees of assisting arm action
   c. Gallop, with varying degrees of intensity
   d. Hop on one foot and on both feet, with eyes open and eyes closed
   e. Perform standing high jumps and standing broad jumps. Emphasize the use of the arms in simultaneous extension, either forward or upward
   f. Walk sideways, arms folded in front, both by crossing legs and by not crossing legs. Alternate leg placement.

4. Bowl Relay
   a. The player at the head of each team has a ball. A line is drawn 15 to 20 feet in front of each team. The first player runs to the line, turns, and rolls the ball back to the second player. The second player must wait behind the starting line to catch the ball and then repeats the pattern of the first player. The race is over when the last player has received the ball and carried it over the forward line.
5. Indoor Hoop
   a. Have a brilliantly painted hoop rolled across in front of the children one at a time. Let the children try to throw an arrow through the hoop.
6. For Legs and Hips
   a. Have the children perform one-half, one-quarter, and one-eighth knee bends in rhythm and in sequence, or in sequence only. Have the children jump in half-turns and quarter-turns with their knees bent

THE SLOW LEARNER

As in the case with any large group of average or above average children or adults, slow learners are varied in their physical and emotional characters and development. No single trait can describe them adequately. They simply learn more slowly and to a lesser degree. They are not outstanding in appearance nor can they be detected by superficial observation of performance.

The actual difference between slow learners and other children is one of degree rather than kind, with the same variations as exist among all of us. Some writers state that slow learners are essentially normal in their emotional, social, physical, and motor development while others point out many differences.

The following are some of the most frequently cited differences as compared with children considered intellectually normal:

1. Short attention and interest span
2. Limited imagination and limited creative thinking
3. Slow reaction time
4. Apathy, diffidence, dependence, placidity -- but with frequent presence of excitability and sensitivity
5. Academic retardation, especially in reading; achievement age lagging behind chronological age
6. Absence or easy loss of self-confidence
7. Gullibility, instability, shyness, submissiveness
8. Low power of retention and memory
9. Inability to do abstract thinking, to handle symbols, to evaluate results, and to foresee consequences of acts
10. Failure to transfer ideas, to extend beyond local point of view in time or place, and to re tain interest if results are deferred or intangible
11. Limited powers of self-direction and of adapting to change in situations and people
12. Low levels of initiative, vocabulary, standards of workmanship, persistence, concentration, reasoning, defining, discriminating, analyzing
13. Ease of confusion, fears, anxieties

One important area of characteristics relates to development in early childhood -- delay in sitting up, walking, and talking may be indications of slow development, but some who are average or even bright are also late in these abilities.

If a child has special gifts or talents, teachers may be misled into believing a child is brighter than he really is. Particularly attractive personalities, reasonably high achievement in one or more academic areas, or leadership in athletic or other activities can be equally misleading.

Although many slow learners ask questions -- frequently of an irrelevant nature -- demand attention, withdraw from academic work, withdraw from social situations into either shy or aggressive framework, cheat, argue, and create other disciplinary situations, the teacher must realize that many of these same characteristics can be found singly or in some combination in the normal child.

ROLE OF THE TEACHER

The teacher of the slow learner must have faith in and an understanding of each child. She must have a positive outlook toward each child and the progress he can make. She must also have patience and realize that the slow learning child needs to feel "good" about himself before much actual achievement will take place. Experiences should be first-hand and should center on tangible things, processes, and activities relative to the slow learner's environment. The teacher needs to rely more on observations, demonstrations, field trips, films, and pictures and a lot less on books.

In his book, The Slow Learner, Dr. Willard Abraham advises teachers of the slow learner to be sure that:

1. The objectives or goals are clearly stated
2. The steps in learning are specific and sequential
3. The student participates actively in selecting answers
4. The student is immediately reinforced for selecting the right answer
5. There is meaningful repetition and feed-back
6. The student actively participates in the evaluation process and can identify his strengths and weaknesses

Teaching reading to slow learners can be one of the most difficult tasks of the whole curriculum. One key to help solve this problem is to keep reading a functional experience tied into other features of the curriculum and at the same time to provide needed systematic and cumulative development of basic skills and techniques. Meaningful use of phonics, experience charts, auditory and visual activities, and mechanical aids are all designed "TO MAKE A DIFFERENCE!"

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MISSION: LEARNING

DISABILITIES

LEARNING DISABILITIES

(Minimal Brain Dysfunction Syndrome)

"The term 'minimal brain dysfunction syndrome' refers to children of near average, average, or above average general intelligence with certain learning or behavioral disabilities ranging from mild to severe, which are associated with deviations of function of the central nervous system."

U. S. Department of Health, Education
and Welfare Publication No. 1415, 1968.

EARLY RECOGNITION AND EVALUATION -- or HOW WILL I KNOW?

You have already begun to diagnose when you start asking yourself:

Why isn't this child learning?
Why can't he see differences?
Why isn't he working up to his capacity?
Why does he over react to such simple events?
Why does he reverse so many things?
Why did he hold up five fingers when I asked him his name?
Why can't he finish those easy puzzles?
Why doesn't he recognize his name in manuscript after all these weeks?
When will he stop changing his crayola from one hand to another as he works?
Will he ever learn to skip or hop?
Why can't I make any headway with him?

You remember then that "some Johnnies just can't" as *Time* magazine stated in a headline once, and you start making regular behavioral notes and saving samples of his "work".

You look over all those lists of signs and symptoms of minimal brain dysfunction, knowing he needn't have symptoms in all the areas classified in this way, but you check them out, especially the ten most frequently mentioned difficulties:

1. Hyperactivity or Hypoactivity
2. Perceptual-motor impairments
3. Emotional lability (unpredictable responses)
4. General coordination deficits
5. Disorders of attention (short attention span, distractibility or perseveration)
6. Impulsivity
7. Disorders of memory and thinking
8. Specific learning disabilities
9. Disorders of speech, hearing and language
10. Equivocal neurological signs

You use techniques to aid in perceptual development, such as visual, auditory, kinesthetic and tactile activities. Then you request the school nurse to test sight and hearing. When the situation does not improve, you request psychological evaluation, and are grateful that these services are available to you.

Learning disorders are the concern of professionals working in a number of different fields -- medicine, psychology, education. For many years, experts in each discipline tended to pursue their own interests, with only limited regard for the work of others in companion fields. But today, the multi-disciplinary character of learning disabilities has been widely recognized and, increasingly, co-operative approaches by specialists of many kinds are the rule.

The psychologist may administer:

The Wechsler Intelligence Scale for children
The Bender Gestalt Visual-Motor Test
The Marianne Frostig Test of Visual Perception
The Illinois Test of Psycholinguistic Abilities
The Wepman Test of Auditory Discrimination
The Winter Haven Tests

These are representative of instruments which are helpful in locating irregularities and limitations in the visual-perceptual-auditory-sensory-motor areas. His major task is to locate specific weaknesses or limitations, and recommend immediate treatment to prevent further psychological damage. This will help you give emotional support when the child does well on one day, and poorly the next. It will help you structure a predictable, consistent, everyday life pattern for the child at school, and with his parents at home.

Completing the diagnosis may require a detailed history of the child's growth and development, and reports from a physician, pediatrician, neurologist, opthalmologist, or other specialists.

The burden of action remains with you, the teacher, you know, and you hope to discover some of these youngsters before they become educational and emotional casualties. Then you can say, "This mission is possible; maybe this will be a Johnnie who can."

NON-VERBAL AND SOCIAL PERCEPTION PROBLEMS

The non-verbal level includes deficiencies in perception and imagery which cause distortion of experience for the child, and leave him bewildered by what other children find normal and ordinary. According to Johnson and Myklebust (1967), (1) "He cannot pretend and anticipate, as do his playmates. He fails to learn the implication of many actions, e.g., gestures, facial expressions, and caresses, as well as other manifestations of attitude. He is unable to understand the relevance of time, space, size. direction, and various aspects of person and self-perception." Interrelationships are not apparent to him.

Non-verbal difficulties include lack of social perception. A child is unable to understand the meaning of actions, tone of voice, and the feelings of others. He is unable to interpret hazards or dangers. It is necessary to tell such a child what is going to happen in clear and simple terms, while he is in the midst of the experience. Understanding facial expressions is an important skill. The child's understanding may be strengthened by showing him a picture which corresponds to the situation; such as one showing a surprised look, or the upturned corners of the mouth expressing a happy feeling. As the child develops understanding, he may be shown pictures of a situation and asked to explain how each of the people involved feels. Charades are useful. Children act out something from their daily lives, such as mowing the lawn or doing the dishes.

One type of brain dysfunction seems to cause a breakdown in attention, through distractibility, perseveration (an inability to "shift gears" and go on to a new activity), or disinhibition (an inability to control thought processes). Techniques include:

For Distractibility:
1. Keeping the child fairly secluded
2. Provide minimal visual and auditory stimulation

For Perseveration:
1. The child should have quiet rest periods
2. Be allowed "getting ready" time for a new activity
3. Given verbal help in changing activities

For Disinhibition:
1. Establish routines
2. Plan ahead with the child for upcoming experiences

Children become frustrated and embarrassed when they fail to learn non-verbal motor patterns, commonplace to most of us, such as tying shoes, jumping rope, cutting with scissors, opening a milk carton, or riding a bike. They know what to do, but are unable to accomplish it. The movements of a pattern need to be broken down so that the child can concentrate on one at a time, and get the feel of it as he listens to verbal explanations. Sometimes, the child has to be placed in the proper position. Often, when he can feel what he is doing, he can go ahead. Common troubles among such children, and all closely associated, are the inability to identify various parts of the body, to orient themselves to the space about them, and to distinguish between left and right. To aid a child in identifying himself, and various parts of his body, a life-size picture of himself should be used. The body parts are named and identified. The child may trace over parts, such as the sole of his foot, and his hands. The teacher may touch a part while the child's eyes are closed, and then have him identify the part in the picture. He can be shown pictures of children standing in different positions, and be told to imitate them. He can then look in a mirror to see if he has achieved the same position. Simple puzzles, such as paper dolls cut into pieces, for him to put together, are good. Simple directions in the form of games help the child to develop an internal awareness of left and right, and also develop directionality, such as, "If I turn to the right, I will be facing what?" Children may take turns giving directions to a place, such as the playground or library.

Educational procedures and exercises designed to overcome these learning deficiencies are listed in detail in Johnson and Myklebust (1967), Kephart (1960), Ebersole, Kephart and Ebersole (1968), and Chaney and Kephart (1968), which also provides the Purdue Perceptual Motor Survey as a procedure for determining motor performance and its relation to perceptual awareness.

AUDITORY PERCEPTION

Generalized deficits in sensory processes comprise one of the most complex problems encountered by the teacher of the child with learning disabilities. (3:66) The plight of children with this difficulty is a severe one. Children with difficulties in auditory perception may fail in academic learning because they are unable to differentiate between similar sounds such as v and th, and the short e and short i. It may be most difficult for them to learn phonics. (6)

If a child cannot hear properly, the influence upon spelling achievement is particularly noticeable. He misinterprets oral instructions and seems to become willfully heedless. Such a child may appear stubborn, indifferent, etc. He may become an extreme introvert and withdraw from all social contact. It is necessary that communication and directions from both parent and teacher be heard and understood.

In teaching a child with a generalized deficiency in auditory learning, the primary objective is to help him utilize all of his capacities. If he is to rely solely on vision and taction, he will gradually behave more and more as though he were deaf. When the teacher is aware that a child has problems which interfere with learning, he must attempt to create an environment which will help to overcome them. A child who cannot hear well, not only misses the opportunity to learn to speak, but all the learning which comes from using words. (12)

Within the field of learning disabilities, there is already evident a trend toward early identification of potential causes of learning disabilities. The specific tests used in the diagnostic process must vary from child to child, but frequently broad coverage tests such as the Binet, WISC, ITPA, or Kephart Perceptual Rating Scale are given first, and followed by more specific tests in those areas of difficulty revealed by the comprehensive tests. (6)

There are assumptions throughout the literature that mild involvements of hearing impairment have no significant effect on language learning. Traditionally 30 dB average puretone loss in the better ear has been considered the point of need for amplification. Hearing acuity better than this level has been regarded as adequate for language reception, so that no language disturbances are to be expected if the child's hearing falls within that range. The literature in general, however, has failed to produce an adequate answer to the question, "What are the specific language effects resulting from various degrees of hearing loss?" This is the question to be solved. (7) It can be easily demonstrated that even a mild loss of hearing causes disturbances in comprehension of spoken language, under normal conditions.

If children are correctly evaluated before they suffer the trauma of continued failure, and if they receive skilled help from properly informed educators, they can be helped to lead happy and productive lives. A most relevant factor to a child's success is the teacher's attitude. An optimistic teacher can often achieve near miracles. A pessimistic, negative teacher can destroy a child's desire to learn.

DYSLEXIA

Dyslexia, which is perhaps the most frequent of all types of learning disabilities, has attracted increasing attention in recent years. It is seen to be far more common among underachieving children than heretofore recognized. It is estimated that from five to ten percent, and perhaps as high as fifteen percent, of all children evidence some degree or form of dyslexia. The word dyslexia itself is perhaps the most difficult -- the most controversial -- word in reading today. No simple definition exists. Consider these two definitions: "a massive unreadiness for reading" (3) -- "a severe reading disability caused by a neurological disfunctioning or impairment". Whichever definition you find yourself accepting is not too important; the same special remedial methods are needed in either case. What is of central importance is the early diagnosis of dyslexia, both for successful remediation and to prevent school failure, with its concomitant emotional overlay and loss of self-esteem. Dyslexia is a significant factor underlying school behavioral problems, dropouts and the drift to juvenile delinquency. Perhaps, instead of a definition, it is easiest to start with what the dyslexic child is not. He is not lazy, not retarded, not able to do better if he just would, not able to profit from even the best instruction using conventional methods, not likely to outgrow his disability without special help, and not just a slow reader, in terms of reading speed. What is he?

1. Usually at least two years behind his classmates in reading
2. Confused, because he doesn't understand the work being presented

3. Unable to learn to read without special help
4. Bored, because he cannot follow the class work
5. Frustrated by his inability to learn
6. Upset, because he cannot do what his parents and teachers urge him to do
7. Further upset, because he cannot achieve as do his classmates
8. Lacking an acceptable way to relieve his feelings of inadequacy

As the child progresses in reading, these symptoms appear:

1. Difficulty in associating sounds with visual symbols
2. Frequent reversals of letters
3. Spelling errors which are so far off they make no sense
4. More difficulty with short words than with long, because they have fewer distinguishing characteristics
5. Substitution of a word which fits the thought of the sentence for a word which is not recognized
6. The ignoring of details within words -- basing word recognition on initial letters, length of word, etc.
7. Skipping words and pronouncing a word correctly in one line and not recognizing it in the next

You will recognize that many of these errors are normal for a child who is learning to read, but they should disappear by the third year of school.

The following general principles, taken from the Crosby, Edgington, and Johnson and Myklebust references, are useful in trying to teach the dyslexic child. Many pertain equally well to any child with a reading disability. These references are also particularly rich in specific teaching suggestions.

1. Minimize interference in the classroom -- keep distractions at a minimum
2. Arrange the situation so the child is usually correct, thereby improving his motivation and confidence
3. Provide materials appropriate to his age and stage of reading development
4. Your own efforts to understand, to accept, and to help your child control his behavior are sensed by him and will do much to relieve his anxiety and insecurity
5. Good effort should be praised, and successful work should be enjoyed and appreciated. A tangible reward should follow his best efforts
6. Expect great variability in the child's day-to-day performance
7. When the child continually makes the same mistakes, even though corrected, quietly substitute another activity and come back later
8. When the child is overwhelmed by work which seems to him to be too difficult, the work should stop completely and the child be soothed. Work should not be resumed until he is over his unhappiness and ready to learn
9. Short periods of relaxation are vital for children who have problems. A short relaxation activity, after a period of concentrated effort, often assists the child to be able to again concentrate
10. Use the whole word-sight vocabulary approach with dyslexics who have a disturbance of learning through the auditory channels
11. For the dyslexic child whose visual channels are impaired, best results will be achieved through phonics or kinesthetic methods
12. Dyslexics who cannot visualize or auditorize have the poorest prognosis. They may profit by use of kinesthetic-tactile techniques, but this presumes that the tactile channels are without impairment
13. In early stages, avoid attempts to strengthen the area of the child's weakness (avoid phonics with an auditory dyslexic, for example). After the child has had considerable success, help for the deficient area may be started, but caution must be taken to avoid "too much too soon" and to keep this period of teaching separate from his regular reading instruction
14. Don't be afraid to overteach responses. Use variety; avoid the laborious
15. The onset of reading disability is usually gradual. Therefore, kindergarten and first grade teachers should be especially alert in watching for symptoms. The alert teacher will detect developmental irregularities and refer children for visual, auditory, medical or psychological examinations. In the referral, a teacher can be most helpful in providing background information, examples of the child's drawings and writing, and results of any screening tests, such as readiness or achievement tests.

Remember that the regular classroom teacher can do much in the areas of identification and referral; she may not be able to do much in terms of remediation in severe cases. However, understanding is important. It allows her to adjust her expectations. She can learn ways to modify her program to permit such a child to experience success.

Remember too, that dyslexic children are more handicapped by the ignorance about them than by their handicap.

APHASIA

Aphasia, often termed Dysphasia, is the loss of the ability to comprehend, manipulate, or express words in speech, writing, or signs. It is usually associated with injury or nonfunctioning of association areas of the brain which interferes with the transmission of necessary messages to the organs of speech. (6) Causes of Aphasia might be anoxia, rubella, cerebral hemorrhage, encephalitis, menengitis, or trauma. They may occur before, or during birth, or in the early years.

Aphasia may be one of the following:

1. Expressive -- The aphasic cannot remember the pattern of movements required to speak or write the words, even though he knows what he wants to say.
2. Receptive -- The aphasic has difficulty in understanding what others are trying to communicate to him. Speech and reading are affected.
3. Excessive--Receptive -- The aphasic has difficulty in speaking, writing, and understanding speech and reading.
4. Global -- There is a complete loss in all.

Aphasia is not usually progressive, but fatigue, depression or emotional distress can make the patient appear more severely aphasic. Diagnosis is sometimes difficult, because the defects of aphasia often simulate other handicaps such as hearing loss or emotional disturbance. Characteristics of the aphasic include confusion of body scheme, disturbance in foreground-background, visuo-motor problems, undetermined handedness, lack of ability to distinguish the whole from parts and disturbance in spatial relationships in the area of perceptual disorders. Language problems include articulatory problems, poor name association, and an inability to acquire symbolic language. One or all of these may indicate an aphasic child.

In teaching a concept, the order of perception, conception and expression should be followed:

1. The child sees the object. (e.g. a ball)
2. He recognizes the object and establishes the concept "ball"
3. He expresses the idea by placing the ball in a group of other balls, throws it, draws it and/ or says the word "ball"

HYPERKINESIS

Characteristics of the hyperactive child include:

1. Restlessness
2. A poor sleeper
3. Attention-demanding
4. Intolerant of being left alone
5. Resistant to change in environment
6. Fearful of other than parental adults -- tying to parents
7. Resented by siblings
8. A familiar "deviant" in the classroom
9. Uncontrolled erratic behavior
10. Impulsive
11. Distractable
12. Has a short attention span
13. Has a low-frustration tolerance
14. Perseveration and difficulties in learning

There are many preposed causes of this aberrant behavior, including emotional instability, and unwholesome home environment, (the mother being either overindulgent or overcoercive). On the other hand the hyper-irritability and erratic behavior may be signs of a constitutionally higher-than-normal level of activity, unaccountable by environmental factors in the home or at school. It has been suggested that hyperkinetic behavior disorders more frequently have an organic than an emotional basis -- the result of "minimal brain damage".

The hyperkinetic child is unable to control his reaction to sensory stimuli. He is unable to synthesize incoming sensory stimuli, tending to react to every stimulus because of a disorganized and immature perceptual apparatus; he therefore cannot distinguish between relevant and (at the moment) unimportant sensory inputs. As a result, he exhibits disorders of perception and concept formation, coordinative disabilities and unstable behavioral organization.

Dr. Leon Eisenberg, child psychiatrist at Johns Hopkins, regards hyperkinesia as an indirect cause of poor learning ability, and postulates that the hyperkinetic child lacks the ability to inhibit impulsive responses and extraneous influences. (social situations) Dr. Eisenberg asserts that hyperkinetic behavior is a specific type of behavior disorder, and that its etiology may be of at least three different kinds:

1. Congenital -- beginning with restlessness early in infancy and continuing with signs of overactivity
2. Brain Damage -- (although hyperkinesis occurs in children without overt cerebral injury)
3. Anxiety -- expressed in hyperkinesis just as it often is in adults

In the management of the hyperkinetic child, it has been found that methylphenidate HCL (Ritalin), a mild stimulant, improves learning, an effect that attributes to greater control and attentiveness, while the extraneous sensory influences are checked.

INSTRUCTIONAL MATERIALS BIBLIOGRAPHY

PERCEPTUAL DEVELOPMENT

Visual

1. Cheeves, Ruth, Visual Motor Perception Teaching Materials, Teaching Resources, Inc., Boylston, Mass.
   Materials are to be used for both assessment and learning tasks, and can be divided into 4 areas: 1) preliminary warm-up periods; 2) reading readiness activities; 3) arithmetic readiness activities; 4) application of foregoing areas. The 53 page guide describes methods of use and includes a bibliography of related reference material.

2. Frostig, Marianne and David Horne, The Frostig Program for the Development of Visual Perception, Follett Publishing Company, Chicago, Ill.

3. Coordination Board, Sifo Toys, Division of Tal-Cap, Inc., 834 N. 7 th St., Minn., Minn.
   "Four geometric shapes (square, rectangle, circle and triangle), each in two pieces of contrasting colors. . . Shapes are thicker than tray for easy manipulation. . . 9-1/2 x 11 inches."

4. Form Sort Box, Warren's Educational Supplies, West Covina, California
   "A red wooden box with a top that opens and closes. Jigsawed into the top are the geometric forms. The child must fit the three dimensional form-blocks into the correct spaces in the box."

5. What's Missing Lotto, Edu-Cards, Long Island, New York
   Child must find the part in his larger picture which is missing, and fill up his lotto card by recognizing it when it is called out.

6. Colored Nail Board, Ladoca, Laradon Hall School For Excep. Child, Denver, Colorado
   A board made of accoustical tile, one foot square, painted with matte finish so that teacher may draw design on it with chalk. The child matches the drawn designs with colored nails, as in a peg board.

Auditory

1. Sound Cubes, Media, P. O. Box 2005, Van Nuys, California
   Plastic cubes, which, when shaken, make different sounds. There are 2 of each sound. Activity of matching sounds.

2. Sound Matching, Ladoca, Laradon Hall School for Excep. Child, Denver, Colorado.
   The child is to match the two small tin cannisters which sound alike when he shakes them.

3. Let's Listen, Auditory Training for Speech Development and Reading Readiness, Ginn and Company
   Includes three 331/3 rpm records and teacher's guide.

READING

Letter and Word Recognition

1. Georgie Giraffe, Sifo Toys, Minneapolis, Minn.
   Connect the alphabet letters with beads and string to form the outline of a giraffe. The child must know the letters of the alphabet and their sequence.

2. The Dolch Picture Word Cards, Garrard Publishing Co., Champaign, Ill.
   Teach the nouns with pictures, with or without the teacher's supervision; word on one side of the card, word with picture on the other side of the card.

3. Beaded Alphabet Cards, Touch, Inc.
   A tactile-kinesthetic learning aid to learn the letter forms. Includes lower and upper case manuscript letters, and lower and upper case cursive letters.

Phonics

1. Phonics for Reading, Kenworthy Educational Service, Inc.
   300 words may be made with the ten phonic word drill charts. Set includes a booklet by Margaret McEathron, drill charts, and the dog house game for phonics.

2. Soundies Magnetic Learning Board, Scott, Louise Binder, Webster Division, McGraw Hill Book Co.
   A magnetic and flannel board combined to aid in reading, particularly phonics. The set includes the manual, the flannel-magnetic board, the alphabet, and Soundie the Elf with three sets of ears.

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MISSION: BILINGUAL

MISSION POSSIBLE FOR BILINGUAL EDUCATION

Most of us as teachers in the classrooms of Arizona have, or will have, pupils whose language and culture differ from that of the middle-class Anglo-American. Many of these are the so-called bilingual children who look to us for help, assurance, and understanding. Do we have the background and knowledge to answer their needs? Is our mission possible?

In order to make this mission a reality, the members of this committee on the bilingual child are seeking to find ways to improve our attitudes, our methods, and techniques, so that we and other teachers, may be better able to provide limitless opportunities for all children, regardless of language or culture.

"Bilingual" is used here as a convenient and commonly understood concept; as a matter of fact, many so-called "bilingual" children know only one language. Even if he speaks two languages, he may be only nominally bilingual -- not truly so. He may have, as he often does, a low level of literacy in both languages. Soon he is speaking a language which is neither his native tongue nor English but a mixture of the two -- a kind of linguistic hybrid. He does not speak either language correctly.

Many of these children are handicapped educationally, emotionally, socially, and later vocationally by their inability to speak, write, and read English. Some become increasingly retarded in reading as they go through school; they develop feelings of inferiority and inadequacy. As a result, they often drop out of school prematurely or develop a hostility toward school and society. The harm done the child linguistically is paralleled, if not even exceeded, by the harm done to him as a person. It is a challenge which, with an appropriate approach and sound techniques, can be fully and triumphantly met. We believe these techniques are at hand.

We need well structured oral language programs designed first to help five to seven year old children who do not speak English or who speak dialects of English that offer significant structural competition with the standard dialects, to become proficient speakers and understanders of standard American English. This can be accomplished in part through the methods and techniques inherent in the linguistic approach to teaching.

Linguistics is the study of language which includes the analysis of the systems comprising it. It describes the nature of language and how it functions. It studies the characteristics of oral language and written composition. It explains how words, sentences, and long-discourse are compared and used. It identifies varieties of language use. It studies word meanings and changes in vocabulary. It presents the historical development of language and compares languages. It results in an understanding of language itself. (1)

In programs now under way to teach our linguistically handicapped to speak the language the rest of us commonly use, the modern linguist does not reject outright the native tongue or dialect of the pupil he is teaching. He believes, rather, that he should leave the student's language alone and teach him a second language as if it were a foreign tongue. His native language or dialect is vitally important to him, it is believed, in maintaining social acceptability in his own immediate environment. (2)

The conclusion drawn from scientific linguists is that a student should first be taught to speak the foreign or secondary language. He should be taught to read it at a later stage, and then by quite different methods. The teaching pattern, with emphasis on spoken language, runs in this order: listening, speaking, reading, and writing. This is the basis for the audiolingual approach.

The speech-before-writing principle should not be misunderstood to mean that linguists are ignoring or minimizing the importance of reading or writing or that they advocate only audiolingual mastery. The principle applies, in fact, even when the teaching goal is for the student to achieve competence only in reading. Having first mastered the basic language constructions orally, he can more readily enlarge his reading capacity.

An important feature of the audiolingual approach is the use of teaching materials based upon a scientific linguistic analysis of the language to be studied, carefully compared with a parallel description of the native language of the student. It is the practical use of linguistic description, in the choice and sequence of materials, that is the heart of the audiolingual approach to language teaching.

Teachers must keep in mind that ear training is extremely important in the teaching of any foreign language. Drill on proper articulation of sounds is necessary, but ear training is even more basic. A student must first hear a sound clearly before he can produce it. Concepts of quality, pitch, and volume originate in the hearing area of the brain. The tonal image is heard mentally before it is produced by the voice. If this image is not correct, the production of the sound will not be accurate. Specifically the children listen to the new utterance, associating meaning through the visual materials or dramatized action, as the teacher repeats it and demonstrates its meaning. Then the pupils repeat the new utterance, imitating both the teacher's voice and the up-and-down movement of his hand which coincides with the stress and pitch sequence in the pattern. Thus, they learn to associate sound with meaning as they begin to assimilate the pattern for future recall. Then the pupils practice the basic patterns day after day in interesting activities on their age and interest levels until they have mastered them.

Teaching English as a second language requires an elementary knowledge of comparative linguistics. Teachers should be cognizant of the phonemes that appear in one language and not in the other, and ones that will be new and difficult to produce correctly in the second language. The natural result, without specific teaching, is for any speaker to substitute one of the familiar phonemes of his vernacular for a new phoneme which he has never learned. Word order in sentences varies with the language. While there are not radical differences in sentence patterning in Spanish and English, these differences are more extreme in a verb language like Navajo and a noun language like English. We may accept the logical fact that most teachers of these children will not become bilingual, but it would be possible for them to learn some of the linguistic differences in the two languages.

We have used the Spanish language as an example to show the need for learning more about a language in order to teach English as a second language.

The auditory discrimination and speaking habits -- mouth muscles, tone, word order, breath control -- of Spanish, impede the child's acquisition of the English language. The interesting idea is that the limitations or impediments are identifiable, predictable, testable, and therefore vulnerable to skillful teaching. (3)

In Spanish there are five clear, crisp vowel sounds. The mouth positions used while enunciating these vowels are always the same. In English, however, there are many vowel sounds, but the one which is used the most is the "uh" sound which is called schwa. This is found in words like around, cement, unable, common, impossible. This sound which occurs most frequently in English does not exist in Spanish.

As Spanish is spoken, words are ended mainly in only ten ways, which are i, e, a, o, u, l, r, n, s, and d. In English, words are ended in at least forty ways. Some of the most difficult of these final sounds for the Spanish-speaking child are b, m, p, k, g, d, t, v, ch, and j. Special drill should be given for enunciation of these endings.

In Spanish all words that begin with "s" are followed by a vowel. This makes no more than five ways that he hears "s". In English "s" is followed by five vowels, but it is also followed by the following vowel sounds which Spanish does not have, (uh, ă, ĭ, "u" as in soot). To further complicate the situation for the Spanish-speaking person there are also eight "s" consonant blends and four triple consonant blends with "s".

As Spanish is spoken the flow of air used to produce sounds and words is very low. The breath rarely travels past the mouth more than four or five inches. Although there is a "ch" sound in spoken Spanish it is produced with such a low air supply that it comes our "sh". Obviously the Spanish language-oriented child will need to be taught to increase his air supply to adjust himself to the English language.

In English there is a voiced and voiceless "th", but to the Spanish-speaking child there is no usable pattern or signal which helps him decide when the "th" sound is to be used. The Spanish language sound system has a voiced "th" sound in it; this sound is produced for the symbol "d", but only when it occurs between two vowels as in "nada". The Spanish-speaking child must be taught to place the "th" sound that he is able to make between vowels, at the beginning and the end of English words.

A side effect of having only ten common word endings in Spanish is the speed of talk. With so few signals for word endings, a person soon accustoms himself to these ten juncture points, so speech is accelerated. In Spanish, as in English, there are word connections which tend to make slurring, the tendency to make one work run into another, very common. When "n" appears before b, v, m, or p, the "n" becomes more like "m". (One boy becomes wumboy.) Before "k" sounds and hard "g" sounds, the "n" becomes "ng". (One cat becomes wuncat.) Another slurring characteristic is caused by vowel power. Between vowels, "b" and "v" will sound exactly alike. It has already been pointed out that "d" between vowels becomes a voiced "th". If a "g" is between vowels it becomes voiceless.

In most spoken Spanish there is no "j" sound. The closest thing is the "ll". This will become apparent if you notice the Spanish-speaking child's pronunciation of "yes". To him the speech signal is "lles". Practice work will be needed to teach a strong "j" sound. "Y", too must be practiced, but it should not be in connection with "j".

The "zh" sound, (as in treasure) does not exist in Spanish so it will have to be installed. Another sound that will require much practice work is the airy sound of "h", for "h" is silent in Spanish.

Another language barrier is intonation. The high tone in normal English speech is highly irregular in Spanish, and is only used in anger, alarm, or fear. The Spanish -oriented speaker speaks in a two note sing-song and always ends sentences on the higher of the two notes. This intonation problem may be observed in the difficulty teachers have in getting children to drop their voice for a period.

In order to make our mission possible we offer the following suggestions which might add interest, breadth and effeciency to current programs for the bilingual child.

In-service training or university courses should be developed which would help teachers identify the linguistic conflicts between English and the native language with which they will deal, and help them understand the method, or methods, most suitable for the teaching of English as a second language.

It is felt that much could be done to modify existing classroom organization. Much more extensive use can be made of the ungraded primary plan. There is no denying the value of children progressing at their own rate of ability unhampered by the frustration of rentention or failure. There will no doubt be an extension of the usage of "core classes" in the upper elementary and high school areas. Many progressive programs are now being built around this concept.

Perhaps the greatest assistance would result from increased staff services such as these: master teachers freed from the classrooms to help beginning teachers, substitutes, and to give direction to the materials and methods used, special service teachers placed in rooms with large (maybe temporary) enrollments to work with small groups of children in coaching situations, reading clinics (some after school clinics), after school libraries which can also be used as homework rooms, after school reading classes, cultural coordinator services to provide free and low cost cultural opportunities in the performing arts and tours to enrich the child's experiential background, increased attendance officer services and more psychological services.

It is possible to obtain extra classroom help by making better use of facilities and personnel available to most classroom teachers. If salaried aids are not financially possible, parents or other volunteers in the community are often available. Cross-grade help, the utilization of upper grade students as special helpers for limited periods of time, is of mutual benefit to the teacher and the helping students if the program is properly planned and administered.

There is currently being developed and distributed a wide variety of multi-media instructional material which has many possibilities in the program for the bilingual child. For children who need much auditory and visual training as well as highly structured programs with continual evaluation, many types of programmed materials can be used. The use of listening stations, language laboratories and instruments for language development is becoming more wide spread.

The linguistic movement, though highly successful so far and expanding rapidly, is still relatively new here. We need to learn more about language. We need to improve linguistic techniques; we certainly need to give them wider application. And we need more research directed at developing materials for teaching children.

The effort to apply audiolingual techniques to the teaching of English as a second language is becoming more widespread. Colleges and universities are beginning to train teachers in the basic essentials of linguistics and in the methodology of teaching a second language. State and local boards of education are starting training courses for their teachers with emphasis on the teaching of English as a second language and on audiolingual methods. Both public and private agencies are beginning to budget funds to develop linguistically based instructional materials. And in just the last few years a series of conferences have been held to stimulate interest and activity in the teaching of English as a second language.

In conclusion we want to remind you that regardless of the approach or materials used the bilingual child still has needs for love, security, physical well-being, cultural development, and the development of his abilities to the fullest potential, just as children all over the country do. The language problem is not an impossible barrier. But it will take the combined efforts of all concerned -- the parents, the school, and the community to meet these needs.

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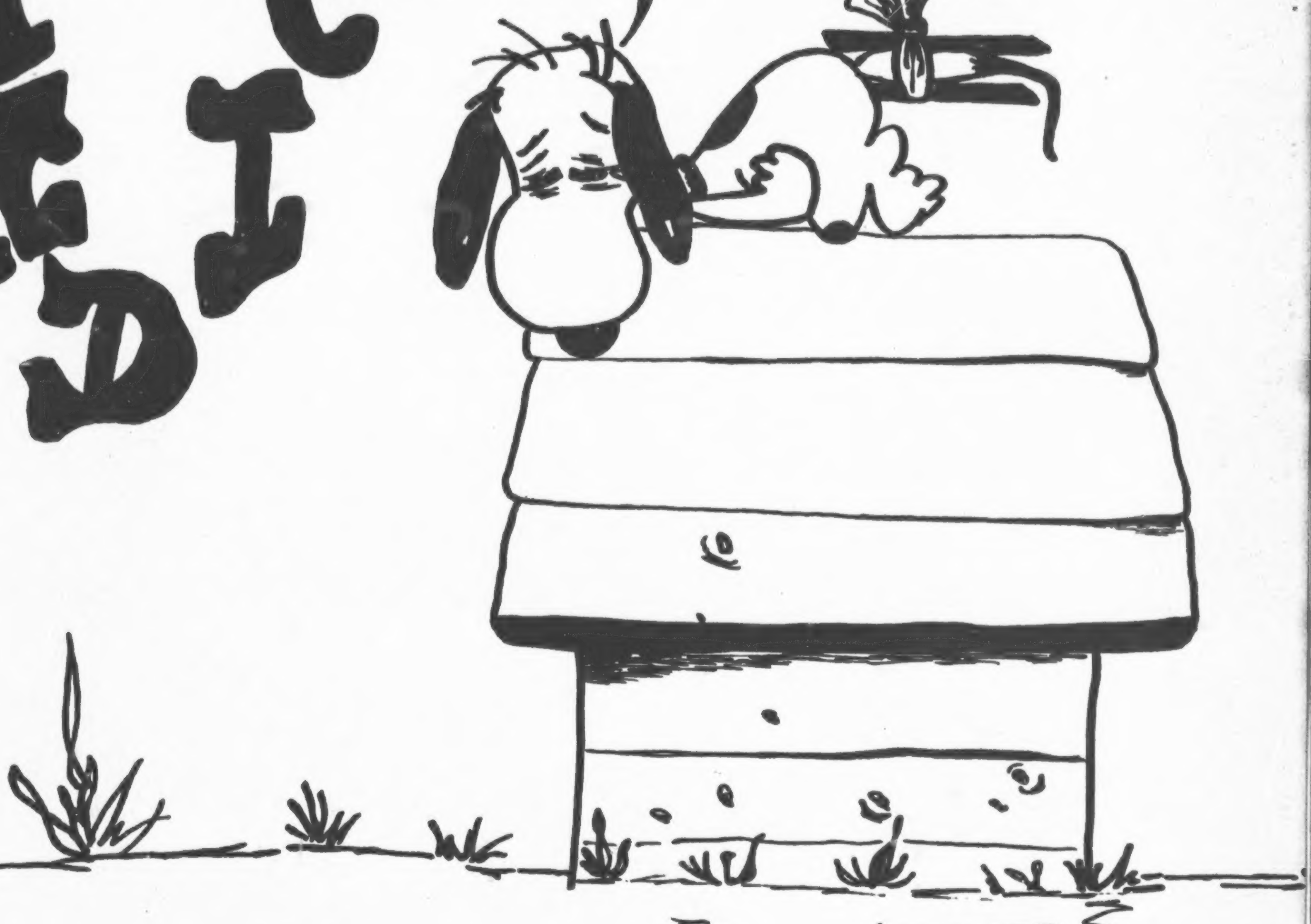
MISSION: PHYSICALLY HANDICAPPED



THE PHYSICALLY HANDICAPPED CHILD

The child who is orthopedically handicapped requires an educational program to prepare him to live in a world geared to non-handicapped people. The mission of our educational system is to develop the academic and vocational skills necessary for this child to become, as nearly as possible, an independent and self-sufficient adult. We are committed to this mission according to the principles of our democracy and should we fail it will be an unpardonable offense.

The United States Office of Education Bulletin classified the physical disabilities of the crippled as: (1) Conditions due to infection, (2) Cerebral Palsy, (3) Congenital abnormalities, (4) Traumatic conditions, (5) Birth injuries and (6) Conditions of unknown, uncertain and miscellaneous causes. The largest single group of crippled children is made up of those conditions resulting from infections as poliomyelitis, tuberculosis of the bone and osteomyelites. Other physically impaired children having mobility problems resulting from such conditions as uncontrolled epilepsy, severe cardiac impairment, respiratory ailments such as severe asthma should also be considered in the orthopedically handicapped group.

The primary educational goal for orthopedically handicapped children is identical to that for any other group of children: to enable them to become contributing members of society. To accomplish this goal, the educational programs for orthopedically handicapped children will vary according to the severity of the child's disability. The following are the basic educational plans now in use throughout the country for the orthopedically handicapped child.

THE REGULAR CLASS IN A REGULAR SCHOOL

Attending a regular class in the neighborhood school and being with children of the same age has great advantages. It works well for a great many orthopedically handicapped children, if there are provisions for modifying the program to suit individual needs.

Modifications and adjustments would be necessary in area of transportation, equipment and special individual needs. The use of a resource room is one method of providing for the special needs of orthopedically handicapped children attending regular schools. The child spends part of his time in a resource room where there is a special teacher and special equipment. This equipment would include special individual film strip viewers, special typewriters, tape recorders, radio, T.V., automatic page turners for books all geared to aid the student in his regular classroom assignment. Also available in the resource areas should be special equipment for the child's personal needs such as adaptive rest room, orthopedic beds and chairs and necessary medical facilities. The advantages of attending a regular school would be lost unless a significant number of these modifications could be provided.

THE SPECIAL CLASS IN A REGULAR SCHOOL

A regular classroom situation is unsuitable for many of the orthopedically handicapped. These more severe cases, if not too severe, could attend a regular school, but be enrolled in special classes where he can receive the attention he needs. He gains the advantage of individualized instruction plus the opportunity to relate to non-handicapped children in other school activities and various academic and social mixers.

THE SPECIAL DAY SCHOOL

Special day schools offer a greater concentration of services and equipment than most regular schools can provide. Here, the entire school is orientated toward the handicapped child. Many argue that the child is happier in this type of program where he does not have to cope with the inconviences of a regular school situation. The disadvantages of the special day school is that it is often far removed from the home and a segregated atmosphere prevails.

EDUCATION IN THE HOSPITAL

Many hospitals and convalescent homes provide educational programs for children confined because of severe orthopedic disability. The Arizona State Crippled Children's Hospital provides a variety of educational programs designed to aid in the child's rehabilitation. Complete records are kept on each child so that when he returns to school the transition will be as smooth as possible.

HOMEBOUND INSTRUCTION

When the handicap is so severe that a child cannot attend class he can very often profit from high quality home instruction.

Some of the methods used with homebound children are: school-to-home telephone teaching, educational television and the homebound teacher. A bulletin "How to teach shut-in student by telephone" is available through Executone Inc.

There is no one educational plan that will fit the needs of all orthopedically handicapped children. There are however certain recommendations that would be applicable in all the different programs.

Educational recommendations for those serving the orthopedically handicapped child

1. More children would be prepared for regular school if treatment were started earlier There is every advantage for the handicapped child getting off to an early start
2. Every effort should be made to coordinate school and home activities
3. Academic training should be to the maximum of the child's potentiality
4. Early emphasis should be on self-help skills
5. Whenever possible encourage integration with non-handicapped children
6. Be goal orientated
7. Individualize instruction in areas of special needs
8. Be consistently firm in areas of discipline
9. Keep current with special instructional materials and equipment
10. Stress interest in realistic recreation and cultural areas for worthy use of leisure time
11. Keep the program flexible, yet provide routine so essential for handicapped children

This is a list of some of the agencies that treat the Orthopedically Handicapped in Maricopa County. This list would be helpful to any one interested in the Orthopedically Handicapped.

CLINICS -- EPILEPSY

Barrow Neurological Institute, Convulsive Disorder Unit
350 W. Thomas Rd., Phoenix, Arizona 85008
Telephone: 277-661 Ext. 361, 381
Services: Comprehensive evaluation of patients with epilepsy and other forms of convulsions.

CLINICS -- ORTHOPEDIC

Cerebral Palsy Association, United, of Arizona, Inc.
2904 East Roosevelt St., Phoenix, Arizona 85008
Telephone: 275-6102 275-1744
Services: Provides assistance for evaluation of orthopedic. Provides assistance in obtaining prescribed treatment and orthopedic appliances. Operates Day Care and Development Center in Phoenix.

County Hospital, Maricopa County General
3435 West Durango St., Phoenix, Arizona
Telephone: 272-6611
Services: Sub-specialties in orthopedics. Clinics in orthopedics.

Crippled Children's Hospital and Services
1825 East Garfield Street, Phoenix, Arizona 85006
Telephone: AL2-4821
Services: Home care instructions, physical therapy, and physical therapy follow-up service, consultation with specialists. Application for Crippled Children's services can be made at Phoenix treatment center or at the Tucson treatment center at 2916 E. Broadway, Tucson, or at the Local County Welfare Office in each county.

Good Samaritan Hospital
1033 E. McDowell Road, Phoenix, Arizona 85006
Telephone: AL2-6611
Services: Clinics for orthopedics, Home Care Programs: with visiting Nurses' Service.

Samuel Gomper's Memorial Rehabilitation Center
7211 North 7th Street, Phoenix, Arizona 85020
Telephone: WI3-3484
Services: Physical therapy, occupational therapy, psychological evaluations and testing, work hardening program, pre-school orthopedic classes, group therapy for stroke patients.

Veterans Adminstration Hospital
650 E. Indian School Rd., Phoenix, Arizona 85012
Telephone: AM6-2471
Services: Provides medical examination and treatment and allied medical services to veterans.

Crippled Children and Adults, Inc.
550 W. Indian School Road, Phoenix, Arizona 85013
Telephone: 264-5996
Services: Provides diagnostic examinations and treatment. Physical, occupational therapy for handicapped children throughout Arizona; provides wheel chairs, etc. Provides complete physical rehabilitation services for crippled children and adults; provides physical therapy programs in Flagstaff and Yuma; provides orthopedic diagnostic clinics in Yuma.

Muscular Dystrophy Association of America Inc., Maricopa County Chapter
112 North Central Avenue, Phoenix, Arizona 85003
Telephone: AL3-6293
Services: Assisting in purchase of wheel chairs, braces, walkers, and lifts and similar orthopedic aids prescribed by a physician; assists in providing patients' transportation when needed for therapy, recreation or to clinics, hospitals or schools. Supports research.

Perry Institute (Arizona Foundation for the Handicapped)
3146 East Windsor, Phoenix, Arizona 85008
Telephone: 277-7451
Services: Vocational Evaluation, Personal or Work Adjustment program; Vocational training program.

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MISSION: ____

RETINITIS
PIOMENTOSA
STRABISMUS
20/200
DIPLOPIA
MYOPIA
LIGHT PERCEPTION

VISUALLY HANDICAPPED

THE VISUALLY HANDICAPPED CHILD

CURRICULUM AND METHODS OF EDUCATION FOR PARTIALLY SEEING CHILDREN

Partially seeing children are primarily seeing children and arrangements should be made for their placement in the regular classroom program where they can participate in the prescribed curriculum used for children with normal vision. The development of the necessary skills will be encouraged as he learns to participate in all activities with children his own age. The necessary modification for limited eye use should be made.

The methods of teaching reading, writing, and arithmetic are the same for the partially seeing child as for the child with normal vision. The partially seeing child will require more time to complete his work and allowances will have to be made for this.

The following are suggestions for helping the children with partial vision in the regular classroom.

READING

Reading materials should be carefully selected for the partially sighted child. When choosing materials, preference should be given to those with large, clear type, pictures having good contrast between light and dark, adequate spacing between the lines, suitable margins, and those having good quality of paper with a dull finish.

WRITING

It may be difficult for the partially seeing child to write legibly in cursive writing. Manuscript writing is preferred because it is more nearly like print used in reading and there is space between the letters. This difficulty may be overcome with the use of a large print typewriter. Typing will enable the child to prepare much of his written work more easily, neatly, and accurately.

SPELLING

Spelling lessons could be combined with typewriting lessons using large type typewriters. Another spelling aid could be the use of the Winston School Dictionary which can be purchased with large print.

SOCIAL STUDIES

In subjects where a great deal of reading is required, the employment of student readers may be advisable and especially helpful. Audio aids such as Talking Books, tape recordings, and records may be used.

MATHEMATICS

The use of mental mathematics should be emphasized. The use of large dull finished paper and black pencils should be encouraged on any written work.

PLANS AND PROGRAMS FOR EDUCATING BLIND CHILDREN

In recent years the public school program has adopted one of several plans, all of which are in existence in the State of Arizona.

1. Education in a public, parochial, or private residential school for the blind.
2. Education with the sighted in public, parochial, or private school with a resource teacher available during the entire school day.
3. Education with sighted children in a public, parochial, or private school with itinerant supervision by a resource teacher available at regular or needed intervals.

EDUCATIONAL PROCEDURES FOR BLIND CHILDREN

Several administrative devices for bringing educational services to blind children are in use in the United States today:

1. Residential Schools. These may be state or private.
2. Segregated Classes. The blind child is placed in a regular day school and only occasionally

contacts the non-impaired.

3. Special Classes in a regular school are organized as separate units in which children are instructed by specially qualified teachers throughout the school day. The children are programmed out of the special room for periods in the regular grades. The school may or may not be the child's normal neighborhood school.
4. Resource Rooms. Children are enrolled in the regular grades for maximum integration and programmed out to the resource teacher for specialized instruction. Most children enrolled will be attending a school other than their neighborhood school.
5. Itinerant Teacher Program. The blind child remains in the regular classroom in the neighborhood school. A special teacher visits him and brings special materials for tutoring and guidance. The classroom teacher confers regularly with the itinerant teacher to work out techniques for helping the blind child to participate in classroom activities.
6. Integrated Classroom. The blind child is enrolled in the regular classroom with a regular teacher who assumes the major responsibility for his education. The classroom teacher utilizes the provisions of the resource room and the special teacher as the need arises. The special teacher of the blind and the regular teacher assist in planning the child's program to adapt to classroom procedures yet meet the child's individual needs.

DEFINITION OF PARTIALLY SEEING AND BLIND CHILDREN

The partially seeing child is one who, by definition, has a visual acuity of 20/70 or less in the better eye after correction, or one who, in the opinion of the eye specialist, can benefit from either temporary or permanent use of appropriate special facilities.

Legal blindness is defined as one having a visual acuity of 20/200 or less in his best eye or where the peripheral vision is affected to a severe degree. These children may have motion, light, or object perception which aids in travel but is not adequate for use in regular academic learning situations.

EQUIPMENT AND MATERIALS FOR BLIND OR PARTIALLY SIGHTED CHILDREN

There are many aids and materials which are basically essential to the partially sighted and the blind pupil either in the special classroom or in the regular classroom.

WRITING MATERIALS

1. The slate and the stylus serve as paper and pencil and because the embossing appears on the underside of the paper the braille must be written from right to left in order that when the page is turned over it can be read from left to right. For this reason the braille cell is written in reverse.
2. Braille is a system of writing by means of dots, one or more evenly placed in a cell which is composed of 6 spaces. Grade One consists of the 26 letters, numbers, and punctuation. Grade Two consists of Grade One plus 185 contractions. The average speed for reading braille is 100 words per minute, much less than that for printed matter. Public speaking is at a rate of 150 - 160 words per minute.
3. The braillewriter is similar to a small portable typewriter and has six keys corresponding to a braille cell.
4. The use of the typewriter affords the blind child the social written communication between blind and sighted individuals. This skill is perhaps of much greater importance to the blind child than to the child who sees.
5. The use of the pen for legal use and certain social situations is also a skill which is encouraged.

EDUCATIONAL MATERIALS

1. Large type readers and texts in science, language arts, social studies, health, math, and creative arts are available in 18 to 24 point type for the partially sighted. The same materials including dictionaries are available for the blind in braille.
2. The Talking Books are often illustrated by sound effects to make the reading more lively and interesting, in a way that pictures do for children of normal sight. The Talking Books and the braille books can be secured through regional libraries for the blind.
3. The light, compact tape recorder is now widely used along with dictaphones and record players.
4. Other aids may include flash cards with braille notations, abacus, braille watch or clocks, Nemeth Code of braille with little detail, special globes with raised relief surfaces, and magnifiers of various magnification.

5. There is much research on further devices such as sonic aids for guidance; a cane that can detect overhead projections, holes, and obstacles in front of the user; ultrasonic spectacles; and a tactile system giving indications of the distance of obstacles.

PSYCHOLOGICAL ASPECTS OF BLINDNESS

The totally blind child attending a regular classroom does so with the help of a resource teacher. His acceptance and understanding by others greatly affects the individual child's growth and learning. Blind children often have problems paralleling those of their sighted friends such as over protection and lack of motivation.

Lowenfeld, in his article entitled "Psychological Aspects of Blindness", believes that consideration must be given to the degree of sight and age at onset of blindness. He added that blindness restricts the individual in three ways: (1) restriction in the range and variety of concepts, (2) his ability to control his environment, and (3) his mobility.

Orientation and mobility are also extremely important for the child. He relies on his other senses in traveling, and often learns to get about various places unaided once he has learned his way. It may also be noted that while some blind children become relatively independent once they have become familiar with their surroundings, some lag far behind and may never be totally independent.

Trailing is using the back of the fingers (fingernail side) to follow a wall or building. A child may also walk along the side of the sidewalk with one foot on the grass to keep his orientation.

Always assist the blind child when it is apparent he needs help and cannot do for himself. However, be sure you do not overprotect him or tend to do things for him that he may be able to do for himself. If he is too dependent upon others it will be that much harder for him when he has to depend upon himself.

THE BLIND AND HIS COMMUNITY

A decade or so ago there was little chance of a blind person being employed in jobs outside the sheltered workshops because of prejudice rather than their inherent disabilities. Now with adequate guidance in the adjustment to blindness, mobility training, developing his sense of independence and self-confidence and individualized training programs which take into consideration his capacities, interests and the opportunities available to him, the blind are able to function as useful community members.

It is not unusual to find these persons in positions such as office workers, social workers, teachers, physiotherapists, farm managers, lawyers, and psychologists. Their leisure time activities may include from listening to TV, radio, and records to swimming, fishing, boating, camping, bowling, skiing, and archery.

Rehabilitation of these persons is an investment which the community can ill afford not to make as disability and dependency run hand in hand and many social problems arise in their wake. The problem requires the marshalling of the community's health, welfare, education, and employment resources if a solution is to be found. It costs substantially less to rehabilitate persons on public assistance rolls than to maintain them on public aid. Rehabilitation is linked with independence and that is the goal.

COMMUNITY RESOURCES AND NATIONAL REHABILITATION SERVICES

Community resources may include the school and its Special Education department, child guidance clinics, private agencies and service clubs, youth organizations, churches, and recreational facilities. In the Phoenix area help may be received from The Foundation for Blind Children, Phoenix Center for the Blind, Arizona Society for the Prevention of Blindness and many others.

National Rehabilitation organizations are numerous in the United States. Their influence in urging that charitable financial assistance for the blind be replaced with realistic vocational opportunities cannot be underestimated. These organizations have also been instrumental in the removal of restrictive legislation which bound the blind to a sheltered workshop situation. A few of these include:

The American Association of Instructors of the Blind
The American Printing House for the Blind
The American Foundation for the Blind

National Association of Sheltered Workshops & Homebound Programs
National Society for the Prevention of Blindness, Inc.
Children's Bureau
Office of Vocational Rehabilitation
United States Department of Labor
United States Veterans Administration
Medical Services Administration

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MISSION:

DISADVANTAGED

THE DISADVANTAGED

Lower Classman

What am I but a pebble at the base of a great mountain
My life so stable
I carry the heaviest burden
And receive the smallest reward
I look up to those above me:
With hatred in one eye
And admiration in the other
Why live this type of life?
Because the sun rises and falls so quickly.
by Deon Broome

DEFINITION

During the recent years, the term "disadvantaged" has gained common usage as a label for those children of the very poor who suffer social, intellectual, emotional, and physical restrictions. Frost and Hawkes state that "more than a million children starting to school each fall are disadvantaged -- victims of too little, too late."

In an educational context "disadvantaged" refers to children with a particular set of educationally associated problems arising from and residing extensively within the culture of the poor. Poverty is currently defined by reference to the cost of living standards. The figure most frequently cited as marking the poverty line in the United States today, is an annual income of $3, 000 for a family.

One child in ten residing in our largest cities in 1950 was disadvantaged. This ratio is now about one in three, and by 1970, one-half of the children population will be disadvantaged unless current developing programs of compensatory education are successful.

A report issued by the conference on Economic Progress indicates that in 1960 "more than 77 million Americans, or more than two-fifths of a nation lived in poverty or deprivation. Over ten million multiple-person families had an income of under $4, 000. Four million unattached individuals had an income of under $2, 000.

About forty percent of American adults had only eight years of education or less. It has been estimated that there were 31 million American workers who were educationally disadvantaged.

THE DISADVANTAGED PEOPLE

In the South and in most urban areas of the North, the culturally disadvantaged is primarily a Negro problem. Along the border states and in California the Mexican-Americans; Puerto Ricans in New York; the American Indian in the Southwest; and the indigent white of Appalachia in the rural South.

The Negro:

Negro history in this country had its roots in, or was traceable to, the African Continent. The Negroes came to this country as slaves from the West African regions during the fifteenth century.

During the drafting of the Declaration of Independence, Thomas Jefferson failed to persuade Congress to make the abolition of slavery a part of that historic declaration. This refusal on the part of the Continental Congress was to become a basic concept of American white supremacy: independence, freedom, justice, and equality were not applicable to the black men.

Finally, after the Union victory over the Confederate forces, President Lincoln issued the Emancipation Proclamation on January 1, 1863, freeing all slaves.

During the reconstruction period the first attempts to provide formal education for the Negro began. The Negro began migrating to the North in search of jobs. Because jobs were scarce, especially for the unskilled, the Negro was forced to take laboring jobs. This migration from one area to the next made the educating of the Negro very difficult and in most cases impossible.

Negroes that migrated to the North established communities that gradually became known as ghettos. It was here that the Negro child began attending segregated schools. In the year 1919 the NAACP began to press for reforms in Civil Rights, education, and employment.

Today the Negro is still fighting for Civil Rights, integrated schools, and employment. Negro children have long been denied the type of education that many in our society have both enjoyed and taken for granted. Because of the Negroes' plight to survive, he has become one of the disadvantaged in our society.

On January 1, 1863, Abraham Lincoln granted the Negro dignity. One hundred six years later, the Negro is still grasping for that dignity.

The Mexican-American:

The character of the Mexican is a product of the social circumstances that have prevailed in that country through their history. Series of internal and external conflicts have contributed to misery of the common people, who view life as a combat, and who have not overcome a servant psychology. He is taught from childhood to accept defeat with dignity, to be resigned, patient, and long suffering!

The type of culture and family life they bring with them to this country is important to their assimilation. In Mexico, the family is most important, women are subordinated, so the culture is traditionally patriarchal. The family includes many blood relatives, sometimes godparents, sponsors, and marriage witnesses. Their culture is quite different, and they, feeling their way of life superior, are reluctant to give this up for our customs and way of life.

The language often continues to be Spanish, thus presenting learning and adjustment problems for American born offspring.

Many of these families are employed in seasonal jobs, living in homes of adobe, scrap lumber, boxes, tar paper, with inadequate water and sanitary conditions. Consequently the children contract many diseases.

Education is interrupted by hunger and constant moving. Progress in school is slow and retardation is the usual outcome.

When they wend their way to the cities of the east, their skin color is a liability. He is discriminated against because of his culture, his speaking of another language and often because of religion.

The Poor Whites:

Poverty is not a condition relegated to minority races or classes of people. There are thousands of poverty-stricken white people also. The most tragic note of all is that these people seem ensnared by their own social-economic condition without much hope of breaking the cycle.

The urban-whites have in-migrated to the large cities from the rural South in hopes of improving their lot in life. In contrast to the immigrants of the late nineteenth and early twentieth centuries, these people have not been able to move themselves out of the downtown slums. Coming from the rural areas, the harshness of city living, the fast pace, and the high cost of "being poor" compounds their problems. Probably the number one factor in retaining the "status quo" is the yearly decrease of jobs for unskilled and uneducated people.

In the mountain areas of Appalachia, there were three ways of making money: farming, lumbering, and mining. Here too, automation has created a class of poor whites. The jobless are condemned to make do with welfare payments or pulling up stakes and leaving their homes in the mountains for a ghetto in the city. Again, being poor is very costly. The everyday expenses that are incidental or annoying to ordinary families, such as new shoes, or a trip to the dentist, become great sacrifices to these families. It means with holding money for food from already malnourished bodies. Many of the older children must drop out of school so the younger ones can go.

The migrant poor live in the worst squalor, the most hopeless family chaos, and they are the most ignored poverty class of the American poor. Even while working, these people are exempt from the Federal Minimum Wage Laws. They cannot get workmen's compensation or unemployment compensation. Their temporary residence makes them ineligible for other welfare programs.

In contrast to the other poor classes, these people are thin as they do not have enough money to buy the cheap, fatty fillers used by the others to keep hunger pangs away! Their children often enter school late, progress slowly, and move from school to school during one term. Thus their illiteracy chains them to a life of ignorance, poverty, and dependence on society.

SOCIAL ENVIRONMENT PROBLEMS OF THE DISADVANTAGED

The material presented in this section of the disadvantaged area exemplifies some particular approaches to the problems of the so-called disadvantaged and the social environment from which they come. These approaches deal with a search for the variables which influence or determine the relationship between the background factors on the one hand and the psychological factors on the other.

Families of the Disadvantaged

One outstanding factor that is observed in most disadvantaged families is the size of the family. This large family can be a major source of strength in a difficult world for its family members but it also brings many problems that must be recognized and solved.

Children should be taught, through discussions, that all children have problems regardless of the kind of home. Problems can be introduced from readings, through the teacher, and from the children themselves. Through sharing, a former intolerable situation many become more tolerable and life can take on new meaning.

Language and the Disadvantaged

The problem of accomplishing proficiency in English falls into two areas. The child must learn to speak the new language and he must learn to read it. We need an awareness that "Book English" is a third language and it must be taught carefully.

One suggestion is to have material in the form of glossaries or dictionaries written to accompany each story in the reader. All vocabulary not in the child's talking vocabulary would be defined. One meaning, to fit the story context, would be given. The child's two or three hundred word speaking vocabulary would be used to define the new words encountered in the upper grade textbooks.

In writing glossary material it is important that new words are used in the definition that are not in the child's speaking vocabulary.

Health of the Disadvantaged

One of the most important factors in the learning potential of any child is his health. The disadvantaged must be taught the why, and the how of good health in the following areas: emotional and mental health, disease control, nutrition, and cleanliness.

In order for the classroom teacher to meet these needs, she must know some of the local agencies that render services for the betterment of the child's health and welfare.

The County Health Department provides baby clinics, immunization programs, sanitation services, indigent care with a one-year residence in the state and dental services to children up to age 8 and older in case of emergency services.

The Neighborhood Doctor's Office is operated in a 57 foot trailer located in the vicinity of Memorial Hospital offering health services to the disadvantaged.

Geographical and Economic Implications

*MINORITY GROUP POPULATION ESTIMATES (DEC. 1967)

ARIZONA		
Negro	58,700	3.52%
Indian	112,900	6.76%
Spanish American	249,100	14.93%

MARICOPA COUNTY	
Negro	34,950
Indian	11,050
Spanish American	107,725

Total State Population (1967) 1,668,800

*Data prepared by Arizona Employment Security Commission

During 1968 approximately twenty-eight federal and private agencies were active in helping the disadvantaged. All were financed through federal funds. Although major emphasis was placed on occupational training, ancillary services were also provided.

In Phoenix the major employment barrier for disadvantaged minority group members is that of transportation. Despite the population density in the central portion of the county, cross-town, and even cross-county, transportation is difficult and, in many cases, impossible. There is one main bus line operating within the metropolitan area of Phoenix; but due to the geographic dispersion between major industry and the location of many of the inner-city poor who depend primarily upon public transportation to get them to their jobs, this bus line is, at best, inadequate. Those who rely upon public transportation to get to work often have a long ride with frequent transferring. The outer portion of the central urbanized section of the county is served by another bus line which offers only service between the various suburbs, but no service is available within the suburbs. Other bus service in the county, mainly along existing transcontinental routes, is offered by the two main national bus lines, although this has little relation to the commuting worker.

Customs and Mores of the Disadvantaged

Throughout civilization the customs and mores of people have influenced and affected their lives and the lives of those with whom they come in contact.

In our present day society these customs and mores may hinder a child from learning unless his background is understood and appreciated by his teachers and instructors.

A child's customs are his distinguishing mark, his contribution to his small world -- his society. His behavior is shaped by the tradition with which he has grown up.

It behooves all those coming in contact with a child to honor, encourage and integrate these beliefs, feelings and behaviors to the advantage and enhancement of the child's learning situation.

Painstaking attempts to establish firm connections between various cultures are finally being made. It is hoped that an understanding of the relationship between the individual and his culture will result.

EDUCATIONAL IMPLICATIONS

Language Development

Disadvantaged children come to school speaking a different dialect of English than that used by schools and teachers. When these children come to school they should be encouraged to talk as often as possible. They don't come from homes where parents converse at length with them.

Getting them to speak is more important than the composition of the speech pattern. They can be encouraged to tell about things that have happened at home, on the way to school, about their friends, or about any subject. Puppets are an excellent means of getting shy children to talk. Having the children look at pictures of animals or noise-making objects and having them imitate the same sounds are also good. After they are comfortable speaking in the classroom situation, a teacher can point out that two languages are used, one in the home and the other in school. Neither is good or bad, but we will begin to try learning the school language. After the children have learned to copy from the board the teacher may allow them to dictate to her what is happening in school so it can be copied and taken home as news.

They, too, should be encouraged to write without worrying about the composition. As they learn English in other classes they will begin to use it in their writing. Their writing should be read for content, and they should be complimented on what is good.

Language Development of the Preschool Child

This disadvantaged preschool child is not only deficient in his use of words but is deficient in concepts. He can often understand acceptable commands but is unable to respond to questions related to his actions. "The teacher of the culturally deprived preschooler is not simply teaching concepts but teaching the basic and necessary rules of language."

A basic language program for a disadvantaged child revolves around two basic forms. "This is a_____." and "This______is______." These two forms transmit a wide range of language and thinking skills. Through these two forms he learns (1) how to identify (2) how to compare and (3) about size, texture, sound, and color. He learns to ask himself questions and learns the basis of reasoning.

The identity statement form is the most basic in language development. The following procedure is used: (1) Present the object and use as identifying statement. (2) Ask yes-no question. (Is this an ______?) (3) Introduce a what question. (What is this?)

Areas covered after basic identity statement is introduced are (1) learning about the plural (2) not statement (This is not a ______.) (3) opposities (4) discriminations and (5) before and after concepts.

Reading and the Disadvantaged Child

Study after study indicated that disadvantaged children, on the whole, are two or more years behind the norm in reading as they progress through school. It seems, then, the task of the teacher is to utilize their environment and their potential to motivate the children to a fuller use of their receptive organs such as those used in reading and listening.

There is no one best method of teaching reading to all children or anyone group of children. But there are techniques and suggestions which will make better use of the potentials, interests and strengths now available.

There is an urgent call for materials which reflect what is familiar to them. A multi-sensory approach to reading should be taken into consideration to orient these children to the academic sphere in order to close the gap caused by lack of experiences. A basic approach to the development of reading skills among the disadvantaged is the language experience method advocated by Roach Van Allen. This plan incorporates children's immediate and personal experiences as materials for vocabulary and general reading development. Reading instruction for the disadvantaged is probably best approached through some form of language-experience method.

Replace our present group intelligence and reading readiness tests with new types of measuring rods or tests to give more valid pictures of the disadvantaged child's capacity to learn to read and show their needs.

Encourage earlier language development and build needed concepts.

Use urban-oriented materials growing out of the interests, vocabulary, and experiences of every type of city child. These materials would include more than a series of basal readers; but also, skill kits, recordings, tapes, filmstrips, packaged materials, and programmed materials would be included.

Increase the quantity and quality of the special personnel provided for upgrading reading in schools in disadvantaged areas, which includes speech specialists to upgrade the general speech levels of whole classes, teachers of library, reading clinics with a clinic team to include a reading counselor, speech-therapist, social worker, psychologist, a psychiatrist when needed.

Adequate reading records are needed to help stabilize the reading program as a result of excessive mobility of families in disadvantaged areas.

It might well be that the apparent inability of disadvantaged children to transfer learning experiences, in reading at least, is not a result of any actual cultural differences, but only a direct outcome of the unavailability of direct help from the home at certain crucial stages of the learning process.

Mathematics and the Disadvantaged Child

In teaching mathematics to the disadvantaged child, the teacher has one big advantage -- that is, ease of communication. In spite of a low reading ability, the child can come to "grips" with a column of figures.

Teaching children who have great difficulty abstracting mathematical concepts can be a frustrating experience for both teacher and student. Learning the basic facts are a lot easier when there is a definite need to learn them. In isolation they are meaningless and become rote drill experiences.

An interesting unit that can be applied to any grade level is one using a department store catalog during the Christmas Season. Each child should be given a catalog. The contents of the catalog with the holiday season will generate spontaneous student interest.

In discussion of the different items attention can be given to the spelling of the particular items in an attempt to enlarge the vocabulary.

The student can fill out the order blanks with gifts they would like to buy for their families, and some will actually be able to buy some of these items.

A culminating activity for this unit could be an actual order for the classroom, such as a game or some books.

Many mathematical concepts could be learned in this type of unit. For example, on the 7th grade level the following concepts could be taught:

> Multiplication and division of decimal fractions, the meaning of percent, equivalent percents, converting percents to fractions, and general problem solving techniques.

Arts and Crafts for the Disadvantaged Child

In his book, War on Poverty, Vice-President Humphrey wrote that we must "seek to improve not only earning capacity, but cultural appreciation as well, so that all our people may enjoy self-attainment and full expression. The economically deprived people do not lack a culture, but are not provided with enough experience to live in the complex, competitive social structure of today.

The media of creative arts - drawing,painting, craft work in general appeals to children and gives them pride in themselves and their work. In working with concrete objects, much more meaningful to young children than theoretical concepts, the deprived child identifies himself with his own environment and those around him. In the cities, arrangements can be made for group visits to art museums, exhibits and general cultural events. Bright disadvantaged children will often show the first signs of their latent abilities in displaying unusual and original compositions in art form. Many cities now have a continuous crafts program through the parks department which can supplement school activities.

Space precludes the description of individual crafts and art projects but the following is a list of media that can be used with development programs for disadvantaged children: crayons -- abstract designs on paper, cloth, etc.; clay -- expressive sculpture and jewelry; scissorwork -- snowflakes, leaves, flowers, cards; paint -- spatter, brush, finger, sponge; paste -- scenes, paper and egg shell mosaic; paper mache -- figures, animals, bowls; wax paper -- mobiles, window decorations; lentils (rice, beans) -- used in place of colored gravel to cover boxes, cans, etc.; chalk.

Physical Education for the Disadvantaged Child

Physical education forms an important part of the modern program of general education. It includes physical activities and sports of all kinds designed to improve posture, physical development, general fitness and health, fun and recreation.

Sports give the children of the disadvantaged opportunities to compete and to win. A person who has experienced victory will seek further victories; therefore winning encourages trying and trying again. To the disadvantaged child, whose life has often been a series of defeats, success in athletics can mean a great deal. It can mean the establishment of identity.

More effort is needed in the training of youngsters; early athletic experiences help develop the formation of views. Well known and established athletes should emphasize to the disadvantaged youngsters the benefits of education, and show how sports will help them to establish relationships with others.

Standards of physical education should be adjusted to the students. Physical education must present the broadest possible programs, in order to offer the disadvantaged children a variety of opportunities to perform well and experience a feeling of accomplishment; success in one area will sustain an individual and encourage him to seek success in other areas.

The physical education program can be very valuable in helping to teach deprived youngsters to conform by using these objectives: 1. To learn to respect the rights of others. 2. To acquire good behavior patterns for group play. 3. To learn to make good use of leisure time. 4. To learn to enjoy healthful exercise for recreation. 5. To learn the establishment of identity. 6. To learn leadership.

7. To learn to be a part of a class. 8. To learn to relax. 9. To learn self-respect.

The physical education program is a vehicle of cultural interaction which should be developed further so as to achieve greater progress in man's relationship with his fellow man.

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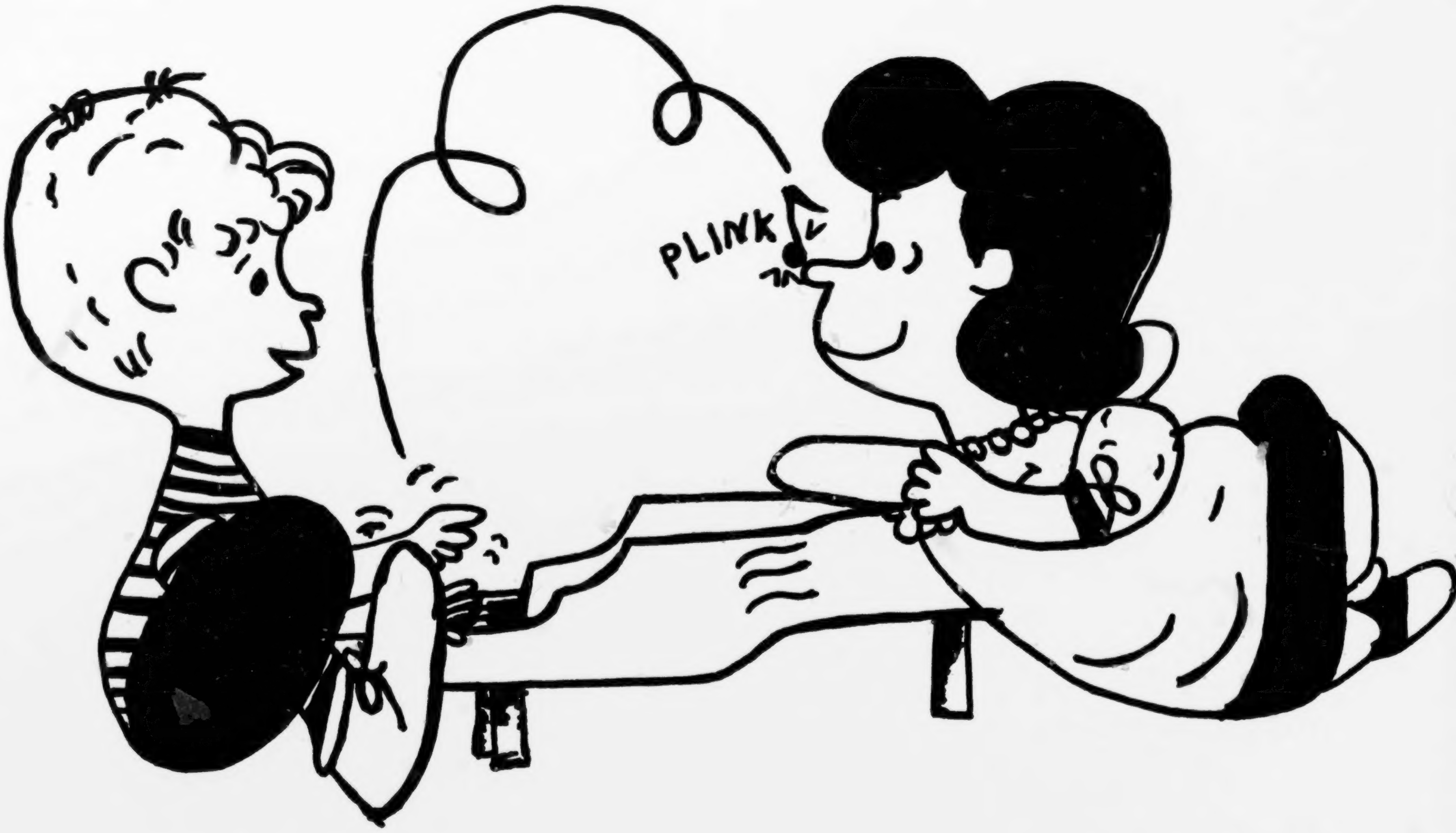
MISSION:



GIFTED

THE GIFTED CHILD

Traditionally, gifted students are defined as those who make high scores on one of the standard intelligence tests. This means that they should be able to do well in academic work, however a substantial number of them do not. Many do not go on to college, with the result that their highest and most valuable talents are lost to society.

We think that if a person has a high I. Q., he is also creative. Research shows that these qualities can be distinguished from each other, and that one may exist without the other. Current testing programs tend to overlook the creative child. Some teachers seem to prefer the highly intelligent, rather than the highly creative, and probably less-conforming student.

In one recent study, the development of creativity in children was traced through the elementary school. Creative abilities showed a steady growth from kindergarten through the third grade, then a sharp drop during the fourth grade year. There was a slow recovery on the part of most children in the upper elementary grades, but some students seemed to lose their creative talents permanently. Is it possible that by the time he gets to fourth grade, a child becomes aware that creative ideas and inventive behavior are not rewarded, but conformity is? To date, there is no research to answer these questions, but a study is now underway at the University of Minnesota to investigate the causes of this fourth-grade slump in creativity.

There are no special formulas which one may use in seeking out the gifted child. There are literally hundreds of characteristics which have been noted. An interesting fact to keep in mind is that teachers are able to identify less than one-half of the gifted children in their classrooms.

Kough compiled the following characteristics of the gifted child: (12)

1. Learns rapidly and easily
2. Uses a lot of common sense and practical knowledge
3. Reasons things out, thinks clearly, recognizes relationships and comprehends meanings
4. Retains what he has heard, or read, without much rote drill
5. Knows about many things of which other children are unaware
6. Uses a large number of words easily and accurately
7. Can read books that are one to two years in advance of the rest of the class
8. Performs difficult mental tasks
9. Asks many questions. Is interested in a wide range of things
10. Does some academic work one to two years in advance of the class
11. Is original, uses good, but unusual methods or ideas
12. Is keenly observant, responds quickly

Two of Getzel's characteristics: (8)

1. The child has greater curiosity and is not content with mere rote repetition
2. The child is more abstract in his thinking and is likely to want to generalize from particular to principle

After 35 years of study on 1528 gifted children, Lewis Terman found the following: (17)

1. Higher socio-economic levels
2. Parents averaged four to five years more schooling than the average
3. Almost half learned to read before starting school
4. Low incidence of broken homes
5. Their play performances showed interests two to three years beyond the age norm.
6. Above average in physique and general health
7. More interested in literature, debate, ancient history, than in penmanship and manual training

Cruickshank's negative characteristics are a good indication of what many have often overlooked: (5)

1. Restless, inattentive, disturbing, or annoying to those around them, like many children who have unmet needs
2. Poor in spelling, careless in handwriting, or inaccurate in arithmetic because they are impatient with details requiring rote learning or drill
3. Lackadaisical in completing or handing in assignments, and indifferent toward classwork when uninterested
4. Outspokenly critical of others, an attitude which often alienates adults, as well as children

Gifted children are much like any other children, and because they are, the handling of them should be similar to the handling of any other children. Regardless of their intellectual ability, they need three basic things from their parents -- acceptance, understanding and guidance. Like all children, they need affection, security, understanding and encouragement.

In the early years, simple and inexpensive play materials are often the most effective. The advantage of these simple materials is not only that they are inexpensive, but that they help develop the child's imagination. There are many things the ingenious parent can do to aid his talented child in getting a good start. Such things as crayons, watercolors and paper, will satisfy some children. For others, orange crates, hammers and nails will suffice. Then again, parents can give freely of themselves and their time in teaching their children challenging games. These children should also be supplied, at an early age, with attractive books from whatever source is available, and parents should be ready to answer questions about words, should the child evidence a desire to learn to read. Parents should not set up an activity and then push a child into it, but should make the activity something the child takes to eagerly. The parent can suggest, but should leave the pursuit primarily up to the child. The child should not be expected to complete every project, but should be encouraged to explore any ideas that interest him.

As the gifted child proceeds through school there are still many things the interested parent can do to aid in his total development. Parents should encourage membership and participation in outside activities which don't dwell on intellectual prowess, such as dancing classes, summer camp, scouting, hobbies, and the like. Gifted children also need reassurance -- rarely are they intellectual snobs, but many actually feel inferior. The gifted child, as he matures, should be allowed to explore the resources of his community, in company with his parents, and eventually, alone. If it is possible, the parents should try to utilize vacations by visiting places of interest and knowledge, perhaps a distance from home. If the child is fortunate enough to live near a city, there are usually numerous artistic and intellectual programs from which he can benefit. The wise parent will make every effort to open all these horizons to his gifted child.

A word of caution should be noted, however. The gifted child does not benefit from over-scheduling. He needs his own time to think, dream, play, or whatever. He needs to do some of his own planning without constant pressure from "above".

The school's major goal for the gifted child should be to develop independence, originality, and the desire for creative expression. It should be careful not to load him up with so much that he is forever meeting expectations of others. Self-starting, independent study is best -- artistic activity, not additional assignments, is the key to this. The public school should:

1. Maintain intellectual challenge, with emphasis on quality, not quantity
2. Stimulate to further study
3. Develop critical thinking -- ability to use thought processes
4. Build an awareness of social responsibility in using this unusual ability
5. Have balanced program, but opportunity for specialization should appear early
6. Selected teaching -- These are the keys to selective teaching: (10)
    a. Cognition (recognition or discovery)
    b. Memory
    c. Convergent thinking (arriving at more conventional conclusions)
    d. Divergent thinking (reorganizing known facts into new relationships)
    e. Evaluation

Gifted children do especially well in the last two processes.

The following are techniques which have been successfully used with gifted children:
Limit repetition, drill and regimentation
Supply guidance, without pressure
Take trips to museums, parks, and other points of interest
Discuss current happenings -- explore reasons why
Encourage extensive library use
Keep many well-chosen books and periodicals at hand
Help develop interests and hobbies
Help him understand responsibilities and rights of others
Help him learn to enjoy other students' performances
Use a positive approach
Keep a full science table, with a wide variety of equipment
Allow students to organize the class, choose their own president, secretary etc.
Ask for many class reports
Give foreign language early (may be introduced or expanded quite early)
Provide instrumental lessons and visits to symphony
Allow child to choose activities he enjoys most

Allow some time for students to work alone on projects
Help child develop a sense of planning
Maintain informal classroom atmosphere
Provide informal, stimulating work areas
Provide maps, globes, and shelves for exhibits
Ask for student-planned and prepared bulletin boards
Have visual and audio-visual equipment available
Have committee work done by children
Encourage children to compete with past records
Correct errors promptly, and analyze to find the cause
Tell reasons why, and rules for, processes and their function
Provide time and supplies for art and music expression
Use drill sparingly, and only when it is necessary
Unit method might be easiest to use in a regular classroom
Teacher guides rather than instructs, helps students to reach their own conclusions
Evaluate materials used for study
Provide, at a very early age, opportunities to learn the theory and operation of computers, data processing, and retrieval systems
Provide special training in the field of electronics and its relationships to communication.
Provide the equipment and materials for students to produce their own productions, using 8mm. films, sound or silent; 35mm. slides or filmstrips, sound or silent; still camera pictures; and videotape

Through the years, educators have been aware that some children have not been able to read, in spite of having high intelligence. Such children have often been put in remedial programs structured for the slow learner. Often, they have been labeled lazy. A better understanding of children with special abilities and disabilities is needed.

Krippner (1964) analyzed the factors causing reading disabilities in a group of academically talented children, compared with an average group. The talented, but disabled, group performed poorly in such areas as visual skills, auditory skills, and sense of direction. Some showed signs of disturbed neurological organization, brain injury, and neurotic tendencies. (13)

Frierson (1968) compared different patterns of behavior on the W. I. S. C. as performed by retarded, average, gifted, and specific disability-type children. There is as much variation among the gifted children with special learning disabilities, as is found among average children with learning disabilities. He concluded that one cannot relate a particular type of W. I. S. C. pattern to academic achievement. (7)

Objectives should be selected to promote growth in the intellectually strong areas, as well as improvement in weaknesses and deficiencies in the areas of visual perception, directionality, and other areas that need specific remediation.

If the child is hyperactive, his program could be scheduled so that he can move around the room often. Gradually, the amount of movement could be decreased, as he learns to sit and attend for longer periods of time.

Materials should be selected with his particular disability in mind. Structure, lack of clutter, immediate reinforcement, and rate of presentation should be considered.

The child with learning disabilities often makes different use of relationships. He is often creative in his thinking, without developing the ability to evaluate his results; so, his thinking might not be effective. It is most important that the gifted child with learning disabilities learn to evaluate what he thinks, sees, hears, and says in terms of effectiveness.

The ability to structure himself often comes slowly to a child with learning disability. It is necessary that the gifted child be taught to do this through the use of schedules.

A considerable proportion of the potential abilities of gifted and talented individuals is, at present, lost to society through underdevelopment, underuse, or misuse. Some of this waste is attributable to economic barriers to educational and vocational opportunities. Some is caused by social attitudes which tend to lower both incentive and opportunity for gifted children from all levels of our socio-economic structure. Some loss results from mental illness and emotional maladjustment. And some human talent is wasted because the schools fail to identify, to challenge, to hold, or to educate adequately, most of their gifted students.

LANGUAGE ARTS

The language arts are probably the area of greatest importance in the school life of a young child with unusually high abilities, for it is through the language arts that the child enjoys the delight of learning in nearly all fields.

READING: Free access to many materials and freedom to select and use is one obvious way to promote growth in the young child. The classroom should contain a variety of books selected to appeal to the interests of the child. The independent reading of a child should be just that. Children who become involved in single topics or fields should be permitted to satisfy their interest, on the assumption that many kinds of learning will occur over a period of time.

To extend the interests of children teachers may use several constructive approaches. Reading to the children to pique their interest in a book is one means. Another is a deliberate exposure to poems and stories of excellent quality, during which the teacher encourages discussion of particular passages with special interest or beauty. Children may be asked to select the poem or passage which they find to be best, to read it, and tell why they chose it. Simple questions often evoke the best response.

SPELLING: Gifted children should not be held to the list of words in a spelling book. They should be allowed to choose the words they wish to learn to spell from any of the various learning areas. This may be an individual spelling list or a group interest list.

ORAL AND WRITTEN COMMUNICATION: The gifted child usually develops more skill in effective written and oral communication than does the average child of the same age. However, the kinds of activities which help the gifted to grow in these abilities also stimulate the development of the rest of the class. The teaching program should therefore provide:

a. An abundance of rich experiences -- in seeing, hearing, smelling, feeling, tasting -- that develop sensory and perceptual acuity
b. Experiences that call for observation of events or phenomena, and for doing things or constructing concepts based on this observation
c. A classroom climate that encourages the use of free creative language
d. Ample opportunity for growth in the ability to write and speak effectively through wise guidance which builds correct use of the English language and at the same time promotes original thought and expression.

Are our local gifted and talented children being neglected? A telephonic survey of several local institutions revealed the following:

1. The State Department of Public Instruction has not published official guidelines for local school districts concerning the education of the gifted.
2. The Federal Government has not allocated funds to the State Department of Public Instruction for the education of the gifted.
3. Early identification of the gifted is not a common practice in most of our elementary schools.
4. Accelerated programs for the gifted at the elementary level are not common practice.
5. Early admission to the first grade of academically talented students is not permitted by state law.
6. Most gifted or talented students are not made aware of their gifts.
7. Communities, parents, industries, and civic organizations have not brought to bear the full force of their individual and collective resources to meet the challenge presented by the gifted children, in order that the full benefits of their potential contributions to the community might be realized.

In considering the total spectrum of the Exceptional Child, we are well aware that the needs of those at the lower end of the continuum have been or are being accommodated in terms of finances and programs. It is not reasonable then that comparable expenditures of resources and manpower for children at the other end of the continuum would be equally justified in terms of the national welfare and of the democratic ideal of equal education for all.

Perhaps, there is a ray of sunshine on the horizon. The State Department is currently conducting a survey of local school districts in order to determine how the gifted are being handled in their respective schools. The results of this survey will not be compiled until November, 1969. The Department of Public Instruction then proposes to establish guidelines for the identification and education of our gifted children.

With all the information on characteristics, testing, observing, and other aids, one must not lose sight of the fact that "you cannot create a gifted child but you can destroy one". (1)

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MISSION: GENERAL RESOURCES

USEFUL DEFINITIONS

ABULIA: Inability to make a decision. Loss of initiative.

AGGRESSION: Hostility resulting from underlying frustration.

AGITOLALIA: Rapid, incoherent speech.

AMBIVALENCE: Contradictory attitudes toward some person or situation.

APHASIA: Unable to use or understand language caused by brain disturbance.

ATAXIA: A lack of muscular coordination.

BEHAVIORAL RIGIDITY: Inability to cope with new situations.

BORDERLINE: A term used to describe a level of intelligence represented by I. Q. from approximately 75-90.

CATHARSIS: Emotional discharge occurring when a repressed traumatic experience is recalled and followed by relief.

CHOREA: A term used to describe involuntary, jerky, muscular movement.

CHRONIC: Pertaining to a condition which progresses slowly and is long continued.

COMPULSION: The impulse to perform usually harmless and apparently senseless acts which the individual's judgment opposes and he wants to resist.

CONCEPTUAL: A mental image of an event -- could be quality or quantity.

CONFABULATION: The process of filling in gaps in memory or comprehension by chattering.

CONGENITAL: A term meaning present at birth.

DEFENSE HOSTILITY: The tendency to hurt or attack someone who is feared.

DEFENSE MECHANISM: Reaction patterns for avoiding emotional distress and danger.

DEGENERATION: A term meaning to deteriorate.

DEMANTIA: Deterioration of emotional or psychological functioning.

DIAGNOSIS: A recognition of the nature of a disorder.

DISORIENTATION: Confusion or uncertainty concerning time, place, or people.

DISSOCIATION: A condition in which the mental processes lose their usual modifying influence upon one another.

DULL-NORMAL: A term used to describe a level of intelligence represented by I. Q. 's of 80-90.

ELECTROENCEPHALOGRAPH: An instrument capable of providing a graphic representation of the electrical impulses of the brain.

ENDOGEONOUS: Mental retardation due to familial factors and not due to structural abnormalities.

EUPHORIA: A feeling of well-being and of satisfaction with oneself and the world in general.

EXOGENOUS: Mental retardation due to external causes with structual defects.

ETIOLOGY: A term used to refer to the cause of a condition.

EUTHENICS: A science concerned with methods of improving man's qualities through altering environmental factors.

FAMILIAL: Common to several members of the family.

FRAME OF REFERENCE: Any standard that influences perceptual organization.

GENETIC: Pertaining to the origin, history or development of anything.

GRANDIOSITY: Abnormal over-evaluation of the self.

HYSTERIA: Characterizes physical symptoms which have psychological causes.

IDENTIFICATION: The process of unconsciously gaining ego strength by taking another person as a model to imitate.

INSECURITY: Evaluation of environment and people as rejecting or threatening or dangerous or hostile, leading to feelings of rejection.

INSIGHT: The sudden discernment of a solution to a problem.

ISOLATE: One who is rejected by his peers.

MATURATION: Development of biological growth as distinguished from development resulting from learning or exercise.

MARCISSISM (Narcism): Love of self which may reach the point of self-aggrandizement.

NEGATIVISM: The tendency to do the opposite of what one is requested to do.

NEONATE: Birth to one month of age.

NEUROSIS: A psychological disturbance arising as a reaction to stress, but with no serious disturbance in the evaluation of reality.

NIHILISTIC DELUSION: The conviction or feeling that nothing exists.

ORIENTED: One's perspective of himself both as an individual and in relation to others.

OVER-COMPENSATION: The development of excessive positive character traits, in an attempt to overcome feelings of inadequacy.

OVERT: Objectively observable. An open action -- not hidden.

PERCEPTION: Awareness; the organization of sensory data into patterns of experience.

PERSONALITY PROBLEMS: Any difficulty which lowers personal efficiency and rapport with other persons, but not serious enough to be grave disorder.

PHENLYLKETONURIA: A metabolic disorder characterized by some degree of mental subnormality. (PKU)

PROJECTION: Ascribing to other persons modes of behavior, unconscious wishes or character traits of the individual himself.

PSYCHOANALYSIS: A branch of psychology originated by Freud.

PSYCHOANALYST: A therapist who utilizes psychoanalytic psychotherapy.

PSYCHIATRIST: A physicaian who specializes in the treatment of mental illness.

PSYCHOLOGIST-CLINICAL: A psychologist who specializes in the clinical study of human behavior in areas of research, diagnosis and therapy.

PSYCHOLOGIST-EDUCATIONAL: A psychologist who specializes in relating psychological principles and techniques to problems in education.

PSYCHOSIS: A disturbance in mental and emotional behavior, usually incompatible with social adjustment and often accompanied by delusions and hallucinations. "Out of reality".

PSYCHOTIC: One who has a rich inner world of reality, but his perception of his external reality is very distorted, thus living in delusion.

RAPPORT: An attitude of mutual trust, confidence, openness and dependence between two individuals.

REPRESSION: Unconscious mechanism, where unwelcome knowledge is kept from the conscious.

SCATOLOGIC SPEECH: Obscenities -- obscene language.

SELECTIVE THINKING: That which emphasizes some aspect of a situation to the neglect of others to the extent that gross distortions occur.

SOCIOMETRICS: The measurement of social relationships and social interaction.

STRUCTURED SITUATION: An organized or planned activity.

SYNDROME: A group or complex of symtoms which when combined characterize a particular condition.

TEST, ACHIEVEMENT: A test designed to measure a level of functioning in a given subject-matter area.

TEST, APTITUDE: A test designed to measure a possible level of performance in a given skill or activity with previous training.

TEST, PROJECTIVE: A test in which the stimuli are presented in a relatively unstructured way. The basic assumption underlying tests of this type is that the testee's responses will reflect certain individual personality factors, often below the level of his awareness.

TEST, RORSCHACH: A projective technique best known as the "Ink Blot" test.

TEST, STANFORD BINET: A standardized test of intelligence.

TEST, THEMATIC APPERCEPTION: A projective technique in which the testee must create a story about several pictures.

TEST, WECHSLER: A standardized individual test of intelligence, there being both an adult and a children's scale.

TOXEMIA: A condition in which the blood contains toxic substances.

TRAUMA: An injury, either physical or psychological.

TREMOE: Rhythmic movement.

PROFESSIONAL EXPRESSIONS

Somewhat harsh expressions	Euphemisms
Awkward and clumsy	Appears to have difficulty with motor control and muscular coordination.
Does all right if pushed	Accomplishes tasks when interest is frequently stimulated.
Needs more baths	Needs guidance in development of good habits of hygiene.
Fights	Resorts to physical means of winning his point or attracting attention.
Lies	Shows difficulty in distinguishing between imaginary and factual material.
Cheats	Needs help in learning to adhere to rules and standards of fair play.
Steals	Needs help in learning to respect the rights of others.
Insolent	Needs guidance in learning to express himself respectfully.
Lazy	Needs ample supervision in order to work well.
Rude	Needs to develop a respectful attitude toward others.
Noisy	Needs to develop quieter habits of communication.
Selfish	Needs help in learning to enjoy sharing with others.
Bully	Has qualities of leadership but needs help in learning to use them democratically.
Babyish	Shows lack of maturity.
Associates with gangs	Seems to feel secure only in group situations; needs to develop a sense of independence.
Disliked by other children	Needs help in learning to form lasting friendships.
Often late	Needs guidance in developing habits of punctuality.

PROFESSIONAL EXPRESSIONS

Interpretations of Report Card Comments

1. Michael is working on becoming better socially adjusted.
   (This means Mike is always beating some kids brains out.)

2. John is progressing very well for his maturity.
   (Don't feel so smug Mama - this means that while he is twelve years old, Johnny just learned 2 plus two is four.)

3. Franks' personality evidences he has a problem of social integration.
   (This is a nice way of saying Frankie is a stinker.)

4. Oscar has difficulty maintaining self-control.
   (This means Oscar doesn't do what teacher wants.)

5. Henry seems emotionally immature for the first grade.
   (Get out Hank's birth certificate Ma. Teacher thinks you lied about his age to get him in school.)

6. Jerome participates fully in every class discussion.
   (This means Jerry never shuts his big yap.)

7. James is an individualist.
   (Another nice way of saying Jimmy is a troublemaker.)

8. David is sometimes out of harmony with his peer group.
   (Teacher means he can't get along with anyone in class or even in the school.)

9. Richard's work indicates he needs mastery over the upper ranges of the fundamental combinations necessary for arithmetical computation.
   (Don't rush Dick to the "headshrinker". All he needs is for you to teach him the 7, 8 and 9 tables. He doesn't know them.)

10. Nathan's muscular condition prevents him from participating fully in body building activities.
    (Cut down on the calories, Ma, Nat's too fat to play dodge-ball.)

11. Robert is a well adjusted, wholesomely integrated individual.
    (Bingo! Jackpot! You're home safe = Bob is teacher's pet. . .)

SOURCES OF MATERIALS FOR THE EXCEPTIONAL CHILD

The following is a list of sources, both publishers and outlets, of materials useful in teaching exceptional children.

Outlets

1. Howard's Audio-Visual Co.
3380 W. Osborn Rd.
Phoenix, Arizona Telephone: 272-9766
"Talking books," books with accompanying records are available.

2. Special Educational Instructional Center
State Department of Public Instruction
1720 W. Adams
Phoenix, Arizona Telephone: 271-5279
Materials for special education students and for teachers may be viewed and checked out.

3. Teaching Tools Co.
3401 E. Thomas Rd.
Phoenix, Arizona 85018 Telephone: 956-3550
Teaching aids -- ditto masters, games, puzzles, etc. -- may be purchased and ordered.

Publishers

1. American Guidance
Publisher's Building
Circle Pine, Minn. 55014
The Peabody Language Development Kit for emotionally disturbed children is available.

2. Continental Press
367 South Pasadena
Pasadena, California 91105
This publisher has available ditto masters for prereading activities for EMR children. Also for visual discrimination.

3. Developmental Learning Materials
3505 N. Ashland Ave.
Chicago, Illinois 60657
Available are materials for perceptually handicapped children.

4. Field Educational Publications (formerly Harr-Wagner)
609 Mission St.
San Francisco, California 94105
Field publishes several series of books with high interest and low vocabulary.

5. Follett Publishing Co.
P. O. Box 5705
Chicago, Illinois 60680
Follett publishes high interest-low vocabulary books. Also published are specific programs for retarded children: Parkinson Program, Frostig Program, and the Turner Livingston Series. The City School Readers are designed for the culturally deprived city child.

6. Harper & Row Publishers, Inc.
Pleasanton, California 94566
The American Adventure Series and the Scope Reading Series are high interest-controlled vocabulary series.

7. The Macmillan Co.
School Dept.
866 Third Ave.
New York, New York 10022
The Gateway English Series and the Bank Street Readers are for culturally disadvantaged children.

8. McGraw-Hill
Webster Division
8171 Redwood Highway
Navaro, California 94947
The Sullivan Reading Series is a programmed linguistic approach to reading. Also the Sullivan Storybooks.

9. McGraw-Hill Behavioral Research Laboratory
4150 Achilles Dr.
Salt Lake City, Utah 84117
Sullivan Readiness materials and the Programmed Text.

10. Stanwix House, Inc.
3020 Chartiers Ave.
Pittsburgh, Pa. 15204
Books and teaching aids for special education students.

11. Teaching Resources
The New York Times
100 Boyleston Street
Boston, Mass. 02116
Five programs to develop specific visual-motor perceptual skills available.

12. Creative Playthings, Inc.
Educational Services Department
Princeton, New Jersey 08540
Teaching aids, materials, etc. designed to help cognitive development. Suitable for Special and regular classroom.

TRIPS

Ariz. Children's Colony, P. O. Box 1466, Coolidge, Ariz., 85222.
963-7101. Retarded Children - State Operated.

Ariz. Crippled Children's Hospital, 1825 East Garfield, Phoenix, Ariz., 85006.
252-4821. Handicaps - Speech, Hearing, Multiple, Orthopedically, Mentally Retarded.

Ariz. Foundation for the Handicapped, (Perry Institute), 3146 East Windsor, Phoenix Ariz., 85008.
956-0400. Handicaps - Speech, Hearing, Multiple Disabilities, Brain Injured.

Ariz. State Hospital, 2500 East Van Buren, Phoenix, Ariz., 85008.
275-3611. State Operated. School for emotionally disturbed children north of hospital grounds:
Nueva Vista School.

Ariz. Pre-School for Retarded Children, 6306 North 10th Place, Phoenix, Ariz., 85014.
279-5301. Mentally Retarded.

Barrows Neurological Institute, 350 West Thomas Road , Phoenix, Ariz., 85003.
Public Relations 277-6611. Diagnostic & Evaluation Services.

Camp Echo, Tucson, Ariz. Contact Mrs. Laura Ganoung, Director of Special Education Services,
Tucson School District #1, 1010 East 10th Street, Tucson, Ariz., 86717.
791-6275. Summer months 624-7483.

Devereux Foundation & Day School, 6404 East Sweetwater, Scottsdale, Ariz., 85251.
948-1950. Private school for the emotionally disturbed child.

Dysart School, Route 1, Box 710, Peoria, Ariz., 85345.
933-1334. Programs for Migrant Students.

Foundation for the Blind Children, 206 South Hinton Ave., Scottsdale, Ariz., 85251.
947-3744, Mrs. Margaret Bluhm. Non-profit Organization.

Gomper's Memorial Rehabilitation Center, 7211 North 7th Street, Phoenix, Ariz., 85020.
943-3484. Private Organization -- services many types of handicaps.

Good Shepherd School for Girls, 1820 West Northern, Phoenix, Ariz., 85021.
944-3331. Socially Maladjusted & Emotionally Disturbed Teenage Girls.

Goodwill Industries, 417 North 16th Street, Phoenix, Ariz., 85006.
254-5659. Vocational Rehabilitation Testing Center and Workshop for Retarded Children.

Indian Hills Day School, Inc., 2110 East Lincoln Drive, Phoenix, Ariz., 85020.
944-1087. Emotionally Disturbed, Learning Disabilities, Minimal Brain Damage.

Jane Wayland Child Guidance Center, 1937 West Jefferson Street, Phoenix, Ariz., 85009.
254-4146. Emotionally Disturbed Children.

Lincoln School, 512 East Rose Lane, Phoenix, Ariz., 85012.
265-4607. Learning Disabilities, Brain Injured.

Lucky "13" Education Center, 8820 East Cactus Road, Scottsdale, Ariz., 85251.
948-2390. Learning Disabilities.

Maricopa County Accommodation School, 111 South 3rd Ave., Phoenix, Ariz., 85002.
262-3926.

Maricopa County Council for Retarded Children Sheltered Workshop,
1 East Madison Street, Phoenix, Ariz., 85012.
258-8931. Workshop for Retarded Children.

Mesa Association for Retarded Children, 525 South Wilbur, Mesa, Ariz., 85201.
969-3800. Speech Handicapped, Mentally Retarded, Brain Injured.

Valley of the Sun School, 3115 West McDowell Road, Phoenix, Ariz., 85009. 278-5551. Non-profit Residential Home for Retarded Children.

ADDITIONAL AGENCIES AND REFERRAL SOURCES

STATE AGENCIES

DEPARTMENT OF PUBLIC INSTRUCTION
(Supt.) State Capitol
Phoenix, Arizona 85007
Telephone: 271-4361

DIVISION OF SPECIAL EDUCATION
Floyd L. Baribeau, Director
State Capitol
Phoenix, Arizona 85007
Telephone: 271-5279

ARIZONA STATE TUBERCULOSIS SANATORIUM SCHOOL
James N. Burkhardt, Educ. Dir.
200 Curry Road
Tempe, Arizona 85281
Telephone: 967-8721, Ext. 9

PHOENIX DAY SCHOOL FOR THE DEAF
Jane Kelly, Principal
1935 West Hayward Avenue
Phoenix, Arizona 85021
Telephone: 944-6735

DIVISION OF VOCATIONAL EDUCATION
Director, Dept. of Public Instruction
412 Capitol Annex West
Phoenix, Arizona 85007
Telephone: 271-4395

DIVISION OF VOCATIONAL REHABILITATION
M. W. Holdship, Director
Department of Public Instruction
7 North 15th Avenue
Phoenix, Arizona
Telephone: 271-4168

DIVISION OF MENTAL HEALTH AND MENTAL RETARDATION
Mental Health Section and
Mental Retardation Section
State Department of Health
1624 West Adams
Phoenix, Arizona 85007
Telephone: 271-4543

MARICOPA COUNTY -- Diagnostic and Evaluation Services

MARICOPA COMMUNITY MENTAL HEALTH CLINIC
6411 East Thomas Road
Scottsdale, Arizona 85251
Telephone: 947-6353

MARICOPA COUNTY MENTAL HEALTH BUREAU
2214 North Central Avenue
Phoenix, Arizona 85004
Telephone: 254-5303

MESA-TEMPE MENTAL HEALTH CENTER, INC.
500 West 10th Place
Mesa, Arizona 85201
Telephone: 277-6611

CHILD EVALUATION CENTER
Maricopa County Health Department
2214 North Central Avenue, Room 111
Phoenix, Arizona 85004
Telephone: 254-4146

GOOD SAMARITAN REHABILITATION CENTER
1033 East McDowell Road
Phoenix, Arizona 85006
Telephone: 252-6611

GOOD SAMARITAN SPEECH AND HEARING CLINIC
Same as above.

CHILD STUDY AND CONSULTATION SERVICE
1141 East Rose Lane
Phoenix, Arizona 85014
Telephone: 277-6235

ARIZONA CRIPPLED CHILDREN'S SERVICES
Crippled Children's Hospital
1825 East Garfield Street
Phoenix, Arizona 85006
Telephone: 252-4821

ARIZONA STATE PSYCHOLOGICAL ASSOCIATION
See Listings in Yellow Pages of Telephone Directory

SPEECH THERAPY (Private)
See Listings in Yellow Pages of Telephone Directory

MARICOPA COUNTY - Organizations

ARIZONA ASSOCIATION FOR RETARDED CHILDREN, INC.
Robert W. Shook, Exec. Dir.
2929 East Thomas Road
Phoenix, Arizona 85016
Telephone: 955-8940

EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF ARIZONA, INC.
Lee Zumwalt, Exec. Dir.
702 North 1st Street
Phoenix, Arizona 85004
Telephone: 252-3426

MARICOPA COUNTY WORKSHOP
1st Street and E. Madison
Phoenix, Arizona

MUSCULAR DYSTROPHY ASSOC. OF AMERICA, INC.
Bob Daniels, District Director
2929 East Thomas Road
Phoenix, Arizona 85016
Telephone: 956-2610

INFORMATION AND REFERRAL SERVICE
Community Council
1515 East Osborn Road
Phoenix, Arizona 85014
Telephone: 277-2651

PRIVATE SCHOOLS OR RESIDENTIAL FACILITIES

MARC PRE-SCHOOL
Mrs. Darleen Schaumberg, Dir.
525 South Wilbur
Mesa, Arizona
Telephone: 969-3800

FLORENCE CRITTENTON HOME, INC.
Mrs. Regene C. Schroeder, ASCW,
Executive Director
1022 East Garfield Street
Phoenix, Arizona 85006

UNITED CEREBRAL PALSY ASSOC. OF CENTRAL ARIZONA
Mr. George Krause, Dir.
2904 East Roosevelt
Phoenix, Arizona 85008
Telephone: 275-6102

PHOENIX COUNTRY DAY SCHOOL
John Yellott, Headmaster
3901 East Stanford Drive
Phoenix, Arizona 85018
Telephone: 955-8200

OTHER FACILITIES

GOODWILL INDUSTRIES OF ARIZ.
(workshop)
417 North 16th Street
Phoenix, Arizona 85006

ALEXANDER HOME FOR GIRLS (8-12)
8252 South 15th Avenue
Phoenix, Arizona 85041

OTHER FACILITIES -- Continued

LA CASA PARI-APRENDICAS (16 up)
821 North 5th Street
387 East Monte Vista
Phoenix, Arizona 85004

SHATTUCK HOME FOR RETARDED INFANTS
6020 South Montezuma
Phoenix, Arizona 85012

MONTESSORI VILLA SCHOOL
5929 East Lincoln Drive
Phoenix, Arizona

ARIZONA BAPTIST CHILDREN'S HOME
3101 East Missouri
Phoenix, Arizona

SUNSHINE ACRES CHILDREN'S HOME
3405 North Higley Road
Rt. 4, Box 4411
Mesa, Arizona
Telephone: 986-0250

LOLLIPUP NURSERY SCHOOL
346 East Coronado Road
Phoenix, Arizona 85004

TRAUTMAN HOME (3-10 years)
4846 East Granada Road
Phoenix, Arizona 85008

MONTESSORI, ST. PETER'S
Sagebrush and Neolin
Litchfield Park, Arizona

ARIZONA BOYS RANCH
Queen Creek, Arizona

TEMPE PRE-SCHOOL FOR RETARDED CHILDREN
1700 El Camino Drive
Tempe, Arizona 85281

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SPEAKERS

The participants of the Special Education Workshop wish to thank the speakers for the time and knowledge which they have contributed toward the success of the workshop.

BLIND CHILDREN Chairman of Visually Handicapped Children Scottsdale Public School District	Mrs. D. Vogel
CONVULSIVE DISORDERS Convulsive Disorders Division Barrows Neurological Institute, St. Joseph's Hospital 350 W. Thomas Road, Phoenix, Arizona	Dr. J. White, Mrs. V. Carlin
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MEDICAL ASPECTS OF MENTAL RETARDATION Medical Director of Child Evaluation Center 2214 N. Central Ave., Phoenix, Arizona	Dr. Clarence Laing
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MENTAL RETARDATION, BOLD NEW IDEAS Chief of Mental Retardation Section State Department of Health 1624 W. Adams St., Phoenix, Arizona	Mr. Ted Taylor
MIGRANT EDUCATION Telelecture New Migrant Education Branch of the Divison of Compensatory Education, U. S. Office of Education Department of Health, Education, and Welfare 400 Maryland Ave. S.W., Washington, D.C. 20202	Vidal Rivera, Joe Bertollio
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FILM BIBLIOGRAPHY

Disadvantaged

CHILDREN ON WELFARE, 1968, 17 min.; Ed. Film Div., King Screen Prod., 320 Aurora Av. N., Seattle, Wash. 98109: Discusses ADC, based on award winning Wednesday's Child. Follows round of social worker who has conflicting views of her service.

GROWTH FAILURE AND MATERNAL DEPRIVATION, 1966, B/W, 28 min.; McGraw Hill: Shows effect of lack of stimulation and mother-child relationships in physical and developmental patterns. Clinical aspects of maternal care and early childhood growth.

HARVEST OF SHAME, 1963, B/W, 54 min.; CBS Television Studios, Bureau of A-V Services, University of Arizona, Tucson, Az.: Eye-opening film on problems of migrant workers and what some states are doing to educate their children.

JIMMY, 1968, B/W, 29 min.; NEA, Div. of Press, Radio, & TV, 1201 16th St. NW, Washington, D. C., 20036: Shows reasons, problems, fears, and decisions of a high school dropout.

PORTRAITS OF A DISADVANTAGED CHILD, B/W, 16 min.; McGraw Hill Text-Films; 327 W. 41st St., N. Y., N. Y. 10036: Highlights a day in the life of a slum child.

PORTRAIT OF THE INNER CITY, B/W, 17 min.; McGraw Hill, Text-Films, 327 W. 41st St., N. Y., N. Y. 10036: Shows means of communication between school and inner city.

Bi-Lingual

INDIAN EDUCATION, 1968, color, 22 min.; Northern Arizona Supplementary Educ. Center, Box 5618, NAU, Flagstaff, Az. 86001: Filmed at Tuba City, Az., showing teaching aids and methods. Discusses attempts to bring home and school together.

INDIAN BOY OF THE SOUTHWEST, 1969, 15 min., Dept. of Public Education, Division of Indian Education, 1333 W. Camelback Rd., Phoenix, Arizona: A Hopi boy narrates the presentation of life on the mesa where the "old" ways and "new" ways of life live side by side.

Mental Retardation

BECKY, Color, 15 min.; Stuart Finley Inc., 3428 Mansfield Rd., Falls Church, Va: Shows how a family makes a special plan for today and for Becky's future. Shows mature family reaction. (Good for parents and public groups).

CARE OF THE YOUNG RETARDED CHILD, 1965, color, 18 min.; International Film Bureau, Ariz. State Dept. of Mental Health: Comparison of normal and MR child and how they compare in feeding situations.

HANDLE WITH CARE, 1966, B/W, 30 min.; Arizona State Dept. of Mental Health: Shows the necessity of having a fixed point of referral in the community for MR children.

MENTAL RETARDATION, color, 23 min.; Stuart Finley Inc., 3428 Mansfield Road, Falls Church, Va.: Relates to retarded child away from home. Situation described at a residential camp.

REPORT ON DOWN'S SYNDROME, 1963, color, 20 min.; International Film Bureau; Arizona State Dept. of Health: Outlines characteristics and treatment of the mongoloid child. Explains genetic factors.

SELLING ONE GUY NAMED LARRY, 1965, B/W, 17 min.; Arizona State Dept. of Vocational Rehabilitation: Compares the MR with the average intelligence of people. Good discussion of successful employment for the MR.

THREE YEARS LATER, 1966, B/W, 38 min.; Edward Feil Productions, Cleveland, Ohio; Donald K. Friedman, The Mental Development Center, Western Reserve Univ., Cleveland, Ohio: A follow-up study of six mildly retarded pre-school boys. Comparison is shown of boys at both ages.

TO LIGHTEN THE SHADOWS, 1963, B/W, 21 min.; International Film Bureau, 322 S. Michigan Ave., Chicago, Ill.: Stresses the need for remedial opportunity day camps. Shows the great potential for normalcy through activity.

WHO WILL TIE MY SHOE, 1965; WABC-TV, State Health Mental Retardation Center: Documentary film exploring problems of mental retardation. Shows conditions in some state institutions.

MENTAL RETARDATION, 1968, 60 min., University of Wisconsin, Bureau of Audio-visual Instruction, 1327 University Ave., P. O. Box 2093, Madison, Wisconsin 53701: Part I shows the scope and current approaches to mental retardation, emphasizes research, diagnosis, and treatment of the severely retarded. Part II emphasizes the wide range of community services required for the trainable and educable retarded, from preschool to vocational rehabilitation and work experiences.

PAINTING IS LOVING, 1968, 21 min.; Ted Taylor, Div. of MR, Ariz. Dept. of Health: The classic film in the field of mental retardation, narrated by Nina Foch, shows what can be accomplished through great dedication, unremitting effort and love. It is a landmark in educational film making.

Emotionally Disturbed

CHILDREN ON THE MOVE, 1968, B/W, 22 min.; State of Arizona, Health Dept.: A good film that points out some of the psychological problems involved when children move to different communities and homes.

DISTURBED CHILDREN, 1968, 17 min.; King Screen Productions, 320 Aurora Ave. N, Seattle, Wash.; AV Center, ASU: Explores world of emotionally disturbed five-year old and the problems he causes and confronts.

JAMIE-STORY OF A SIBLING, B/W, 28 min.; National Film Bureau of Canada: Shows the effect of parent rejection or lack of understanding of a child. Gives good example of interaction between brothers and sisters.

THE WORLD OUTSIDE, 1964, B/W, 31 min.; S-L Film Productions, 2872 Partridge Ave., Los Angeles, Calif.; AV Center ASU: This film does a good job of showing the treatment and progress of emotionally disturbed children.

WHO CARES ABOUT JAMIE?, B/W, 16 min.; Smart Family Foundations, 65 E. S. Water St., Chicago, Ill. 60606; Film Booking Dept., AV Center, ASU: Shows first grade boy and his problems at school and on the way home. Stresses how the home can help overcome a child's emotional problems.

Neurological Disorders

EXPLORING THE HUMAN NERVOUS SYSTEM, 1963, color, 23 min.; AV Dept., University of Ariz.: Animation shows a good view of the human nervous system, its anatomy, and physiology.

WHY BILLY COULDN'T LEARN, 1966, color, 30 min.; Calif. Assoc. for Neurologically Handicapped Children, Color Reproduction Co., 7936 Santa Monica Blvd., Hollywood, Calif.: Excellent film explaining problems of neurologically disturbed child. Shows best ways of teaching, testing, and learning.

Speech, Hearing and Sight

A SURVEY OF CHILDREN'S SPEECH DISORDERS, 1961, color, 32 min.; Univ. of Iowa, Iowa City, Iowa; AV Center, ASU: Good for classroom teachers of special education, also recommended for both professional and PTA groups. Describes various speech disorders in children.

THE SPEECH CHAIN, 1964, color, 20 min.; Audio Productions, (available from local Bell Telephone Co., business office): An excellent film especially for professionals in speech and hearing pathology.

THEIR TONGUES SHALL SING, 1962, B/W, 28 min.; Univ. of Michigan, Bureau of AV Services, U of A, Tucson, Ariz.: Excellent film. Dr. Richard Capano narrates and demonstrates the techniques of teaching the deaf child.

BLIND CHALLENGE, 1964, B/W, 13 min.; ASU Film Library: This film describes an Arizona educational project in which blind children are integrated into regular classrooms with normally sighted children.

COMMUNICATING WITH DEAF-BLIND PEOPLE, 1963, color, 18 min.; American Foundation for the Blind, 15 W. 16th St., New York, N. Y.: A fairly well done movie narrated by a blind person who has dedicated her life to the advancement of the deaf-blind persons.

SOME OF OUR SCHOOL MATES ARE BLIND, color, 20 min.; American Foundation for Blind, 15 W. 16th Street, New York 10011: Shows education of blind with sighted children in a public elementary school. Emphasis is identification of the blind children with his peers and with the total school program.

BLINDNESS IS, 30 min.; State University of Iowa, Iowa City, Iowa: The positive aspect of blindness is shown. Narrated by Danny Kaye, this film is excellent for both teacher and parent groups.

Gifted

A TIME FOR TALENT, 1961, B/W, 29 min.; NEA, AV Center, ASU: This film shows how gifted children are identified and developed to their full capacity.

NO REASON TO STAY, 1968, B/W, 28 min.; National Film, (available from Encyclopedia Britannica): This film indicates the boredom of monotonous teaching in a frigid sterile atmosphere and its effect on a gifted boy.

RAFE, 1967, color, 20 min.; Jarvis Couillard Associates, AEA, 2102 W. Indian School Road: A film on the gifted, educationally disadvantaged child portrayed in three environments.

THE GIFTED ONES, 1959, B/W, 22 min., ASU Film Library: This film presents educational views of two educators who discuss the challenge these children present to society.

UNDERSTANDING THE GIFTED, color, 33 min.; Churchill Films, 662 N. Robertson Blvd., Los Angeles, Calif. 90069: Some of the characteristics of gifted. Lays framework for educational planning.

General

THE QUIET REVOLUTION, 1967, color, 30 min.; AEA: Shows and describes recent innovations in teaching in two Arizona schools.

THE COMMUNITY AND THE EXCEPTIONAL CHILD, 1963, B/W, 29 min.; Audio-Visual Center, Indiana University, Bloomington, Ind.: Reviews the many types of exceptionality, and examines the role of the community in helping exceptional children achieve maximum potentiality.

WHAT'S NEW IN SCHOOL TODAY, 1968, B/W, 30 min.; KOMD Video Tape, Follett Publishing Co., C/O Larry J. Ricks, 4316 Hanford Ave., Las Vegas, Nev.: Shows plan for program with slow learners. Also interview with author Jach Abranowitz.

THE 91ST DAY, 1963, B/W, 58 min.; Vision Associated, Kline Smith and French Laboratories, 1500 Spring Garden Street, Philadelphia, Pa.: This is a story of a mentally ill high school teacher who is taken to a mental hospital for treatment. Discusses gradual deterioration of the mind.

ALL THINGS ON WHEELS AREN'T EQUAL, color 16 min.; Sterling Movie Inc., AV Center (ASU): Special facilities for handicapped students at Hofstra University are shown.

POVERTY-THE BLACK PICTURE, 1968, 17 min.; King Screen Productions, Film Booking Dept., AV Center, ASU: Examines poverty programs and problems in a ghetto in a middle-sized city. Very good new film.

SOLUTIONS IN COMMUNICATION, 1968, B/W, 28 min.; Santa Clara County Office of Education, 70 W. Hedding, San Jose, Calif. 95110: Series of 8 films designed for teacher training. Emphasis on the unique communication needs of the Mexican-American and how the classroom teacher can help.

SANTA MONICA PROJECT, color, 30 min.; Santa Monica Public Schools, C/O Mrs. Francis T. Layman: Shows the engineered classroom of structure, task and reward, as a possible solution for the educationally handicapped, such as the withdrawn, the shy child, the day dreamer, and the hyperactive child. Children are given work record cards, check marks when tasks are completed, and rewards when they have accumulated enough check marks. Very well done.

SOCIAL WORKER, 1968, color, 17 min., Univ. Educ. & Visual Arts, 221 Park Ave. South, N. Y., N. Y. 10003: This film shows the concern of the social worker for people as individuals, as families, as groups and communities. Professional knowledge and skill is used to help people deal with social problems and adjustments in a complex world.

REACHING OUT-THE LIBRARY AND THE EXCEPTIONAL CHILD, 1966, color, 24 min.; Connecticut Films Inc., Westport, Conn. 06880: Shows in spontaneous sequences how children with various handicaps respond to books and other materials. Children who are blind, deaf, hospitalized, physically handicapped, EMR, TMR, and socially maladjusted are among those presented. Shows the effective use of books with the exceptional child.

AUDIO VISUAL COMMITTEE

George C. Clark, Chairman
Rosemary Heath, Secretary
Rich Alan, Film Pick-up
Sandy Kalwara, Photography
Lloyd Cornelius, Film Pick-up
Donna Christian, Clerk-Typist
Alfred Weed, Operator
Marye Garbagnati, Operator
Bob Montgomery, Operator T. V.
Joe Steere, Photographer

PERIODICAL BIBLIOGRAPHY

GENERAL

American Vocational Journal, monthly (Sept. - May), Membership (non-members, $3.00), American Vocational Association, Inc., 1010 Vermont Avenue, Washington,D. C.

American Journal of Occupational Therapy, bi-monthly, Membership (non-members, $6.00), American Occupational Therapy Association, 3514 N. Oakland Avenue, Milwaukee 11, Wisconsin.

American Education, United States Department of Health, Education, and Welfare, Office of Education, Washington, D. C.

Childhood Education, Journal of the Association for Childhood Education International, monthly (Sept. - May), $4.40, 3615 Wisconsin Avenue, N. W., Washington, D. C.

Children, (an interdisciplinary journal for the professions serving children), Children's Bureau, United States Department of Health, Education and Welfare, Washington, D. C., six times a year, $1.25 per year.

The Education Digest, monthly (Sept. - May), $5.00, Prakken Publications, Inc., 416 Longshore Drive, Ann Arbor, Michigan.

Exceptional Children, monthly, (Oct. - May), $7.00 International Council for Exceptional Children, 1201 Sixteenth Street, N. W., Washington 6, D. C.

California Journal of Educational Research, 5 times a year, $6.00 California Teacher's Association, 1705 Murchison Drive, Burlingame, California.

Education and Psychological Measurements, quarterly, $8.00, Box 6907 College Station, Durham, North Carolina.

Special Education, Quarterly, $3.00 Batiste Publications Limited, Drummond House, 203 Gower Street, London, N. W., England.

Child Development, quarterly, $12.00, Society for Research in Child Development, Inc., Child Development Publications,Purdue University, Lafayette, Indiana.

California Education, monthly (Sept. - June), $4.00 California State Department of Education, 721 Capitol Mall, Sacramento, California.

The Educational Forum, 4 times a year, $4.00, Kappa Delta Pi. Box A, West Lafayette, Indiana.

American Educational Research Journal, 4 times a year, Membership (non-members, $6.00), American Educational Research Association, 1201 Sixteenth Street, N. W., Washington, D. C.

EMOTIONALLY/SOCIALLY MALADJUSTED

Bulletin of ArtTherapy; art in education, rehabilitation and psycotherapy, 4 times a year, $3.00, 634 A. Street, S. E., Washington 3, D. C.

Institute of Applied Psychology Review,quarterly, $3.00, Institute of Applied Psychology, Inc., 15 E. 40th Street, New York 16, New York.

Journal of Educational Psychology, bi-monthly, $8.00, American Psychological Association, Inc., 1333 Sixteenth Street, N. W., Washington D. C.

Action (American Conference of Therapeutic Self Help Clubs), Bi-monthly, $18,00, Box 3232, University of Alabama.

Journal of Correctional Education, quarterly, Membership, Correctional Education Association, 609 N. Esplanade, Leavenworth, Kansas.

Diseases of the Nervous System; a practical journal on psychiatry and neurology, monthly, $10. 00, Physicians Postgraduate Press, 277 Broadway, New York 7, New York.

Journal of Nervous and Mental Diseases, an educational journal of neuropsychiatry, monthly, $15. 00, Williams and Wilkins Co., 428 E. Preston Street, Baltimore, Maryland.

American Journal of Correction, bi-monthly, American Correctional Association, 2642 University Avenue, St. Paul, Minnesota.

GIFTED

Gifted Child Quarterly, 4 times a year, Membership, National Association for Gifted Children, 8080 Springvalley Drive, Cincinnati, Ohio.

DEAF, HARD-OF-HEARING, SPEECH

ASHA, Employment Bulletin, monthly, $8. 00, American Speech and Hearing Association, 1001 Connecticut Avenue, N. W., Washington, D. C.

D. S. H. Abstracts, quarterly, $8. 00, Deafness, Speech and Hearing Publications, American Speech and Hearing Association, 1001 Connecticut, Avenue, N. W., Washington, D. C.

Volta Review, 10 times a year (Sept. - June), $5. 00, Alexander Graham Bell Association for the Deaf, Volta Bureau, 1537 35th Street, N. W., Washington, D. C.

American Annals of the Deaf, 5 times a year (Sept. - May), $5. 00, Conference of Executives of American Schools for the Deaf; Convention of American Instructors of the Deaf, Gallaudet College, Washington, 2, D. C.

Teacher of the Deaf, 5 times a year, National College of Teachers of the Deaf, Blacket, Turner and Co., Limited, 34 Northbrook Street, Newberry, Berks, England.

Journal of Auditory Research; for all workers seriously interested in scientific study of hearing, quarterly, $5 00, The C. W. Shilling Auditory Research Center, Inc., 348 Long Hill Road, Groton, Connecticut.

Quarterly Journal of Speech, 4 times a year, $5. 50, Speech Association of America, Indiana University, Bloomington, Indiana.

Speech Monographs, 4 times a year, $7. 00, Speech Association of America, Indiana University, Bloomington, Indiana.

Speech Teacher, quarterly, Membership (non-members, $1. 50) (per month), Speech Association of America, Indiana University, Bloomington, Indiana.

Today's Speech, quarterly, Membership (non-members, $2. 50), Speech Association of the Eastern States, 116 Cathedral of Learning, University of Pittsburgh, Pittsburgh 13, Pennsylvania.

Logos, Semi-annually, $1. 75, concerns speech disorders, 61 Irving Place, New York 3, New York.

Speech Pathology and Therapy, semi-annually, $2. 00, College of Speech Therapists, Pitman Medical Publishing Company, 39 Parker Street, London W. C. 2, England.

Elementary English, monthly, $5. 00, The National Council of Teachers of English, 508 S. 6th Street, Champaign, Illinois.

PHYSICALLY HANDICAPPED

American Journal of Orthopedics, monthly, $10. 00, 1700 Holcombe Boulevard, Houston 25, Texas.

Rehabilitation Literature; for use by professional Personnel and students in all disciplines concerned with rehabilitation of the handicapped, monthly, $4. 50, National Society for Crippled Children and Adults, Inc., 2023 W. Ogden Avenue, Chicago 12, Illinois.

TRC Quarterly, devoted to various aspects of physical rehabilitation of the handicapped, quarterly, free, Texas Rehabilitation Center, Gonzales Warm Springs Foundation, Box 58, Gonzales, Texas.

MENTAL RETARDATION

American Journal of Mental Deficiency, bi-monthly, $14.00, American Association of Mental Deficiency, Box 96, Williamantic, Connecticut.

Training School Bulletin: for the practicing professional concerned with mental retardation, quarterly, $2.00, Training School, Vineland, New Jersey.

Mental Retardation, bi-monthly, Membership (non-members, $5.00), American Association of Mental Deficiency, 3203 N. Downer Avenue, University of Wisconsin, Milwaukee, Wisconsin.

BLIND

International Journal for the Education of the Blind, 4 times a year, $3.00, American Association of Instructors of the Blind, 1839 Frankfort Avenue, Louisville 6, Kentucky.

The New Outlook for the Blind, monthly (except July, August), $3.00, American Foundation for the Blind, Inc., 2901 Byrdhill Road, Richmond, Virginia.

INDIAN EDUCATION

Journal of American Indian Education, quarterly, $3.50, Editors, Robert A. Roessel, Jr. and Bruce Meador, College of Education, Arizona State University, Tempe, Arizona.

MISSION: ENABLING SUMMARIES

SOCIAL COMMITTEE

Operating on the principle that no mission is possible on an empty stomach, the SP594 Social Committee carefully prepared tasty treats with clever themes throughout the workshop. The twenty-one members of the committee were divided into groups with chairmen responsible for each of the five weeks. A separate group was in charge of the Final Exam Brunch.

Weekly themes included a "Think Thin Day" with celery, cantaloupe, and apple slices on the menu. In conjunction with our topic for another day, colorful Mexican pastries were served with punch and coffee. Fridays made good donation days with generous members of the class contributing baked goodies.

The week of July 4th found the committee in a patriotic way. In a theme of red, white, and blue, a Dolly Madison Ice Cream Social was enjoyed by all. Homebaked cherry cakes were brightly topped with tiny American flags.

As temperatures climbed to 110°, "Summer Daze" set in. Black-eyed Susans and red table cloths made everyone feel even lazier and certainly hungrier. Doughnuts and cider took care of the latter. Later that week thoughts of the circus coming to town prompted a gayla theme with brightly colored balloons and ice cream sandwiches.

The fifth week chairman observed strange behavior in the class. She never did say what it was but was stimulated to the final theme of the workshop, "We've Gone Nutty". Nut bread, nut-topped rolls, coffee and punch were served to all the nuts of SP594!

A very delicious brunch at Joe Hunts made for a happy ending. With the astronauts on their way to the moon and the tummies of SP594 full, there was a general feeling that no mission is impossible!

COMMITTEE MEMBERS

John Batina, Treasurer
Loretta Batina, Treasurer
Cathy Berkshire, Secretary
Mack Caldwell
Grace Halliday
Zell James
Florence Keppler
Pearl Koivisto
Mary Ruth Lauer
Marlys Livermore, Chairman
Cheryl Long
Beverly Ann Lowe
Pat Nelson
Gloria Ong
Fran Reser
Yvonne Quintal
Nadine Svob
Gary Thomas
Jane Wing
Doris Woodard
Eleanor Zoellner

DISPLAY COMMITTEE

"One picture is worth a thousand words"

The 1969 Display Committee did an excellent job of providing humor, interest, information, and ideas through the use of many colorful, and very outstanding displays. Their time and effort is appreciated by all the members of this workshop.

Linda Singer, Chairman
Dotti Frazier, Secretary
Maria Boyle
Carolyn Fuetterer
Jim Garity
Donna Hahn
Judy Mein
Melba Patterson
Leona Solomon
Cindy Trew
Dorene Van Doren
Dottie West
Shirley White

LIBRARY COMMITTEE

"There is no frigate like a book"

The Library Committee provided the 1969 Workshop with a large and varied scource of material. The information was up to date and available quickly. Their many extra hours spent in organizing and staffing the library has been appreciated by the workshop members, as well as many students not participating in the workshop.

Loretta Moore, Chairman
Carole Hargreaves, Co- Chairman
Lyn Barber, Secretary
Barbara Bachman
JoAnn Duvall
Mary Foehring
Chuck Foyle
Layne Garrett
Joan Hogan
Helen Hoyer
June Lundgren
Opal McKee
Bill McSweeney
Elsie Marsh
Beverly Mead
Sally Ogle
Lila Pizarro
Julie Rogers
Lida Sisson
Charlotte Thompson
Claudia Walton
Barbara Wilson

CLASS ROSTER
1969 WORKSHOP
SP 594

IA - Interest Area	
Bi	Bilingual
Dis	Disadvantaged
ED	Emotionally Disturbed
G	Gifted
LD	Learning Disabilities
MR	Mentally Retarded
PH	Physically Handicapped
SM	Socially Maladjusted
VH	Visually Handicapped

EC - Enabling Committee	
AV	Audio-visual
B	Bibliography
D	Display
L	Library
Soc	Social
Sp	Speakers
Syl	Syllabus
T	Trips

NAME, ADDRESS, PHONE	SCHOOL, DISTRICT	GRADE	IA	EC
AARON, RICHARD C. 5738 N. 10th St. #5 Phoenix 85014 (277-6120)	Greenway Paradise Valley School	Sp. Ed.	ED	AV
BACHMAN, BARBARA (Mrs.) 538 N. Williams, Apt. C Mesa 85201 (962-0886)	Evans School Tempe	Primary Wing	MR	L
BARBER, MADELYN (Mrs.) 2402 W. Mohave Phoenix 85009 (254-1242)	Sullivan School	Sp. Ed.	LD	L
BARRY, NANCY (Mrs.) 4711 N. 15th St., Apt. #12 Phoenix 85014 (266-1155)	Barcelona School	2nd	LD	Sp
BARTOK, VIRGINIA (Mrs.) 8526 E. Monterey Way Scottsdale 85251 (945-0287)	None		MR	Sp
BATINA, JOHN A. 6639 N. 20th Ave. Phoenix 85015 (279-4339)	Alhambra Elm. #68	Math 7 & 8	MR	Soc
BATINA, LORETTA B. (Mrs.) 6639 N. 20th Ave. Phoenix 85015 (279-4339)	Alhambra High PUHS	Home Ec	MR	Soc
BECHTEL, VIRGINIA (Mrs.) 400 West Pasadena #9 Phoenix 85013	Sarah Marley Douglas	1st	ED	Syl
BERKSHIRE, CATHY (Mrs.) 120 N. Beverly Mesa 85201 (962-4085)	Holmes School Mesa	6th	LD	Soc
BOLON, CERÉLLE (Mrs.) 10639 N. 39th St. Phoenix 85028 (948-0186)	Mohave School Scottsdale	3rd	ED	T
BOYLE, MARIA E. (Mrs.) 8201 E. Palm Lane Scottsdale 85257 (946-9230)	Scottsdale Schools	Sub.	G	D

NAME, ADDRESS, PHONE	SCHOOL, DISTRICT	GRADE	IA	EC
BRAY, SHERRILL (Mrs.) 435 E. Minton Drive Tempe 85281 (967-5171)	Cholla School Wash. Dist.	3rd	ED	T
CALDWELL, MACK B. 3320 N. Granite Reef Scottsdale 85251 (945-1698)	Pima School Scottsdale	6th	ED	Soc
CHRISTIAN, DONNA R. (Mrs.) 109 E. Broadway #28 Tempe 85281 (967-2981)		Sp. Ed.	ED	AV
CLARK, MAE (Mrs.) 7260 E. Sheridan Scottsdale 85257 (945-9380)	Tempe Elem. Dist. #3	TMR	ED	Syl
CLARKE, GEORGE 614 Bunker Hill Drive Tempe 85281 (946-6736)	Maricopa Cty. Accommodation	EMR's w/Emot. Problems	G	AV
CLAUSON, ELEANOR (Mrs.) 3649 W. McLellan Phoenix, 85019 (937-7774)	Washington Elem.	Resource Tch. VH	MR	B
CORNELIUS, LLOYD 8443 S. 16th St. Phoenix 85040 (276-6428)	Phoenix Elem. I	EMR	MR	AV
DONNELLY, CAROL (Mrs.) 6131 N. 13th Ave. Phoenix 85013 (265-6604)	Cholla School Wash. Dist.		G	B
DUVALL, JOANN (Mrs.) 3201 N. 54th Ave. Phoenix 85031 (272-0859)	Isaac Dist. #5	Sp. Ed.	LD	L
ESTES, JANET (Mrs.) 6439 W. Myrtle Ave. #68 Glendale 85301 (939-6207)	Glendale Elem.	Unit I Art	G	Syl
FLORES, ROY 505 W. 13th Street Tempe 85281 (966-5386)			SM	B
FOEHRING, MARY (Mrs.) 1607 W. Earll Drive Phoenix 85015 (266-1579)	Grace Court Phoenix Elem. #1	8th	Dis	L
FOYLE, CHARLES 5030 E. Mockingbird Lane Scottsdale 85251 (948-3234)	Kiva Scottsdale	6th Reading Lit.	G	L
FRAZIER, DOROTHY (Miss) Box 81 Morenci, Az. 85540	Morenci #18 Fairplay	Sp. Ed.	MR	D
FRICK, ROSEMARY (Miss) 213-1/2 E. 6th Apt. A Tempe, 85281	Tempe Elem. #3	TMR	VH	Syl

NAME, ADDRESS, PHONE	SCHOOL, DISTRICT	GRADE	IA	EC
FUETTERER, CAROLYNN (Mrs.) 1112 E. Riviera Drive Tempe 85281 (967-4496)	Westwood & Alhambra	5th	LD	D
GARBAGNATI, MARYE (Mrs.) 3512 Elm Street Tempe 85281 (966-9989)			PH	AV
GARITY, JAMES A. 1730 W. Mulberry Drive Phoenix 85015 (277-0402)	West High	CRP Program	ED	D
GARRETT, LAYNE (Miss) 1947 East Earll Drive Phoenix 85016 (266-3237)	Sutton School Isaac Dist.	2nd	Dis	L
GILBERT, BETTYLEE (Mrs.) 1909 W. Evgie Phoenix (942-5144)	Sunnyslope Wash. Dist. #6	Phy. Ed.	Dis	B
GOODMAN, RITA (Mrs.) 554 N. Olive Mesa 85201 (964-8018)	Yavapai Scottsdale	1st	Bi	T
GREER, BARBARA (Mrs.) 7533 E. Holly Scottsdale 85257 (945-2046)	Yavapai Scottsdale	3rd	Bi	T
GUY, VIRGINIA (Mrs.) 1628 W. Belfast Mesa 85201 (964-5597)	Emerson Mesa	5th	SM	Sp
HAHN, DONNA KAY (Mrs.) 2025 S. Granada, Apt. #13 Tempe 85281 (967-1014)	Gilbert Dist. #41	Sp. Ed. Jr. High	MR	D
HALLIDAY, NELLIE GRACE 1617 E. Nielson Ave. Mesa 85201 (969-2982)	Pima Scottsdale	1st	Dis	Soc
HALTIGAN, GARRY LOU (Mrs.) 8226 E. Wilshire Drive Scottsdale 85257 (949-1659)	Yavapai Scottsdale	Kind.	Bi	T
HARGREAVES, CAROLE (Miss) 1034 E. Lilac Drive Tempe 85281 (946-5270)	Sacaton Public School	Sp. Ed.	MR	L
HARRINGTON, MARSHA (Mrs.) 363 N. Nevada Street Chandler 85224 (963-5467)	Gilbert Elem. Dist. #41	Sp. Ed. Jr. High	ED	Syl
HAWLEY, R. ERIC 1825 Culter, Apt. H Tempe 85281 (966-9796)		Student Teacher	PH	T
HEATH, ROSEMARY (Mrs.) 7248 E. Latham Scottsdale 85257 (946-0159)			PH	AV

NAME, ADDRESS, PHONE	SCHOOL, DISTRICT	GRADE	IA	EC
HOGAN, JOAN (Mrs.) 8513 E. Laredo Lane Scottsdale 85251 (946-8618)	Kiva Scottsdale	3rd	G	L
HURLEY, HELEN (Mrs.) 6837 E. Vernon Ave. Scottsdale 85257 (945-9776)	Cyesis Center PUHS System	Home-bound	SM	Sp
HOYER, HELEN (Mrs.) 1010 W. Wagon Wheel Drive Phoenix 85021 (943-5629)			G	L
JACKSON, MARILOU (Miss) 3314 W. San Juan Phoenix (934-6872)	Cordove Elem.	Sp. Ed.	MR	Sp
JAMES, OZELLA (Mrs.) 1517 E. Granada Road Phoenix 85006 (252-3351)	Phoenix Elem. I	4th	SM	Soc
JONES, BONNIE (Mrs.) 600 W. 15th Street Tempe 85281 (966-8645)	Yavapai Scottsdale	1st	Bi	T
KAERCHER, ELISE (Mrs.) 1001 E. Oregon Phoenix (264-4084)	Maryland Wash. Dist. #6	4th	ED	B
KALWARA, SANFORD 7336 N. 12th Ave. Phoenix 85021 (943-9509)	Phoenix Union High School	Sp. Ed.	Dis	AV
KELLY, GEORGE 5237 E. Virginia Phoenix (959-3176)	Scottsdale High	Sp. Ed.	ED	Sp
KEPPLER, FLORENCE (Mrs.) 6274 W. Highland Ave. Phoenix 85033 (939-7075)	Starlight Park	Primary non-gr.	MR	Soc
KING, SUSAN K. (Mrs.) 5127 N. 33rd Street Phoenix (955-1403)	Creighton Dist. #14	Sp. Ed. Emot. Dis.	ED	B
KOIVISTO, PEARL (Mrs.) 4647 N. 58th Drive Phoenix 85031 (937-3397)	Starlight Park Cartwright #83	1st	MR	Soc
LARSEN, GINNY-LEE (Mrs.) 329 W. Lewis Phoenix 85003 (258-1384)	Dysart H. S.	Sp. Ed.	Bi Dis	Syl
LAUER, MARY RUTH (Mrs.) 1936 E. Dana Ave. Mesa (964-7711)	Longfellow Mesa #4	3rd	G	Soc
SISSON, LEDA (Mrs.) 1911 W. Earll Phoenix (258-1407)	Phoenix Ele. I	1st	Dis	L

NAME, ADDRESS, PHONE	SCHOOL, DISTRICT	GRADE	IA	EC
LEVARIO, EDMUND R. 822 E. Carson Road Phoenix 85040 (276-8715)	Edison Phoenix Ele. I	7th	ED	Sp
LIVERMORE, MARLYS (Mrs.) 2243 E. Montecito Phoenix 85016 (266-6806)	Hopi	5th	G	Soc
LONG, CHERYL (Mrs.) 610 W. Palmaire Phoenix 85021 (943-6887)	Washington	3rd	LD	Soc
LOVITT, EMMALINE "BEBE" 240 Northwind Drive El Paso, Texas 79912	El Paso Indep. School Dist.	Speech Pathalogist	VH	B
LOWE, BEVERLY (Mrs.) 5327 E. Osborn Road Phoenix (959-2065)	Lowell Phoenix Elem. I	8th	G	Soc
LUNDGREN, JUNE (Mrs.) 4942 E. Whitton Phoenix 85018 (959-4388)	Perry Creighton #14	TMR	ED	L
MANNING, JUDY 2115 E. Balboa Drive Tempe 85281 (967-4758)	Hudson Tempe #3	Kind.	LD	Sp
MARSH, ELISE (Mrs.) 8106 E. Cypress Scottsdale 85257 (947-4550)	Navajo Scottsdale	1st & 2nd com.	ED	L
MCKEE, OPAL (Mrs.) 3502 E. Pierce Street Phoenix 85008 (273-0191)	Murphy Elem. #21	Sp. Ed.	MR	L
MCSWEENEY, WILLIAM 2221 S. McClintock Tempe 85281 (966-6036)	Riverside Dist. #2	7th	MR	L
MEAD, BEVERLY (Miss) 2301 E. Yale Phoenix 85006 (253-4374)	Whittier Phoenix Elem. I	Phy. Ed.	ED	L
MEIN, JUDITH (Miss) 4205 North 9th Street Phoenix 85014 (265-6511)	Kachina Scottsdale	3rd	LD	D
METZEL, LORRAINE (Miss) 3620 W. Roosevelt Phoenix 85009 (278-2620)	Tavan	Special Reading	LD	T
MILLER, SANDRA (Mrs.) 6971 Opal Street Alta Loma, Ca. 91701	Upland Sch. Dist. Calif.	4th	SM	Syl
MONTGOMERY, ROBERT 5442 E. Vale Phoenix (959-2057)	Supai Scottsdale	7th Science Health	VH	AV

NAME, ADDRESS, PHONE	SCHOOL, DISTRICT	GRADE	IA	EC
MOORE, LORETTA (Mrs.) 4113 N. Westview Drive Phoenix 85015 (279-6891)	Arizona Pre Sch. for Retarded Ch.		MR	L
NELSON, SANDRA (Mrs.) 237 E. LaJolla Drive Tempe 85281 (966-8861)			Dis	Soc
OGLE, SALLY (Mrs.) 2921 W. Stella Lane Phoenix (266-6791)	Simpson Alhambra	2nd	Dis	L
ONG, GLORIA (Mrs.) 4005 W. San Juan Ave. Phoenix 85019 (937-0135)	Edison Primary Phoenix Elem. I	2nd	Dis	Soc
PALMER, JOANN (Mrs.) 8332 E. Cheery Lynn Scottsdale 85251 (947-4098)	Hopi	4th	ED	T
PATTERSON, ANN (Mrs.) 4607 N. 82nd Street Scottsdale (945-5440)			G	Sp
PATTERSON, MELBA (Mrs.) 6225 W. Marlette Glendale 85301 (939-3538)	Imes School Glendale	Sp. Ed.	Dis	D
PIZARRO, LILA (Mrs.) 916 E. Seldon Lane Phoenix 85020 (997-0404)	MCAS #512	TMR Teenage Girls	Dis	L
POMEROY, JUNE (Mrs.) 1856 W. 2nd Place Mesa, 85201 (969-3007)			G	Syl
PURTILL, JANE (Mrs.) 2041 E. Cairo Drive Tempe 85281 (967-9182)	Ann Ott Phoenix Elem. I	Librarian	Bi	Sp
QUINTAL, YVONNE (Mrs.) 1606 W. Clarendon Ave. Phoenix (277-0023)	Starlite Park Cartwright Dist. #83	3rd	Bi	Soc
RAIT, RHODA (Mrs.) 8337 E. Plaza Scottsdale 85251 (945-0498)	Tonto	4th	ED	T
REPPLINGER, ALICE M. (Mrs.) 407 Barret Burlington, Iowa (752-0592)	Burlington Community Sch.	EMR	MR	Syl
RESER, FRANCES (Mrs.) 4116 N. 63rd Drive Phoenix 85033 (937-2826)	Cartwright	4th	ED	Soc
ROGERS, JULIA (Mrs.) 4823 E. Flower Phoenix 85018 (959-1213)	Hohokam Scottsdale	4th	ED	L

NAME, ADDRESS, PHONE	SCHOOL, DISTRICT	GRADE	IA	EC
RUCKER, CHRISTINE 2549 N. Champlain Tempe 85281 (947-3014)	Sunland Roosevelt	Sp. Ed.	Dis	T
LEVINE, SHELLY (Mr.) 1050 Stanley Place #31A Tempe 85281 (966-8558)	Cortez H. S. Glendale H. S. Dist.	Eng. & Speech	Dis	T
SHUMWAY, JUNE (Mrs.) 648 N. Vineyard Mesa 85201 (964-3692)	Jefferson Mesa #4	1st	LD	Syl
SINGER, LINDA (Mrs.) 6117 N. 11th Ave. Phoenix 85013 (266-2337)	Rio Vista Roosevelt Dist.	4th	LD	D
SNYDER, ELIZABETH (Mrs.) 5520 N. 35th Ave., Apt. 204 Phoenix 85017 (939-4093)	Cordova School Alhambra Dist.	Music	MR	B
SOLOMON, LEONA (Mrs.) 659 N. Dawn Circle Mesa 85201 (964-6437)	Edison Mesa #4	3rd	LD	D
SORRELL, ROBERT 1710 S. Jentilly Tempe 85281 (966-1988)	Gerard H. S.	Soc. Sc. Psych. Coaching	PH	Syl
STEERE, JOSEPH 4802 N. 74th Place Scottsdale 85251 (947-4893)	Madison Simis	6th AV Coord.	G	AV
SVOB, NADINE (Mrs.) 757 E. Loyola Drive Tempe 85281 (966-1608)	Rio Vista Roosevelt #66	Home Ec.	G	Soc
THOMAS, GARY DEAN 1138 E. Bishop Drive Tempe 85281 (966-1714)	Jefferson Elem. Mesa	Sp. Ed. Primary	SM	Soc
THOMPSON, CHARLOTTE (Mrs.) 3333 W. Maryland Ave. Phoenix (937-6438)			ED	L
THOMPSON, MARILYN (Mrs.) 508 N. 72nd Place Scottsdale 85257 (945-5615)	Yavapai Scottsdale	3rd	Bi	T
THOMPSON, RUTH (Mrs.) 3911 W. Marlette Ave. Phoenix 85019 (937-7455)	Barcelona	1st	Dis	Sp
TREW, CYNTHIA (Mrs.) 260 E. 9th Ave. Mesa 85201 (962-4187)			LD	D
TRIMBLE, PAMELA SUE (Mrs.) 3638 E. Monterosa #8 Phoenix (955-3471)	Kenilworth Phoenix Dist. I	1st	ED	Syl

NAME, ADDRESS, PHONE	SCHOOL, DISTRICT	GRADE	IA	EC
VALLONE, DONNA (Mrs.) 2323 N. Central Ave. Phoenix 85004 (253-4443)	Barcelona	2nd	ED	Sp
VAN DOREN, DORENE (Miss) 1734 W. Devonshire Phoenix (274-6936)	Court Dunbar Phoenix Elem. I	Kind.	Dis	D
WALKER, NANCY JO (Mrs.) 220 N. Hall Mesa 85201 (969-4435)	Hawthorne Mesa	1st	SM	Sp
WALTON, CLAUDIA (Mrs.) 2619 W. Washington Street Phoenix 85009 (278-5400)	MCAS #512	TMR Upper Primary	MR	L
WEED, ALFRED V. 2441 W. Missouri Ave. Phoenix (969-4739)	Calif. Medical Facility	4, 5, 6 State Prison	ED	AV
WEST, DOT (Mrs.) 2846 E. Campbell Ave. Phoenix 85016 (955-9318)	West High	Sp. Ed. Emot. Dist.	ED	D
WHITE, SHIRLEY (Mrs.) 3952 W. Orange Drive Phoenix 85019 (937-8752)	Palmdale Roosevelt	2nd	SM	D
WILLIAMS, BARBARA (Mrs.) 1605 W. Indianola Phoenix 85015 (274-3061)	Barcelona Alhambra Elem.	1st	LD	Sp
WILSON, BARBARA (Mrs.) 4328 N. 31st Ave. Phoenix 85017 (266-3272)	Whittier Phoenix Elem. I	Home Ec	ED	L
WING, JANE (Miss) 4005 W. San Juan Phoenix 85019 (937-0135)	Palo Verde Wash. Dist.	3rd	Dis	Soc
WOODARD, DORIS (Mrs.) 3833 N. 49th Ave. Phoenix 85031 (278-5452)	Starlight Park Cartwright #83	1st	Dis	Soc
WRIGHT, NANCY (Mrs.) Rt. 1 Box 41 Tolleson 85353 (939-7234)	Pendergast	4th	Dis	B
ZICKEFOOSE, ANN (Miss) 5114 N. 40th Street #101 Phoenix (956-4526)	Madrid Alhambra	2nd	LD	Sp
ZOELLNER, ELEANOR 4937 N. 82nd Street Scottsdale 85251 (946-7170)	Pima Scottsdale	1st	Dis	Soc